

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
NOV 07 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	27-0376
Date:	12-13-2022
Amount Paid:	2400
Other:	Emp Surf 100 12/8/2022 Reconnect 50 dak
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Eagle Knobs Lodge Inc	Mailing Address: 261 Fillmore St	City/State/Zip: Denver, CO 85018-2151	Telephone:
Address of Property: 46825 Otter Bay Rd	City/State/Zip: Cable, WI 54821		Cell Phone:
Email: (print clearly) tjletke@gmail.com	Ridgeback Builders		
Contractor: Tom Letke (406)	Contractor Phone: 451-1468	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak (715)	Agent Phone: 817-2034	Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd WI 54847	Written Authorization Required (for Agent)
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 14218	Recorded Document: (Showing Ownership) 2015R 559341	
1/4, 1/4	Gov't Lot 11	Lot(s) 1144, 852	Subdivision:
Section 33, Township 44 N, Range 7 W	Town of: Drummond	Lot Size	Acreage 14

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$800,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City (New) Sanitary Specify Type:	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: conventional w/lift	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Crawl Use	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions) irregular	Length: appx 28	Width: 44	Height: 34' 1/2"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	level 1 irregular	1,170
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	level 2	645
		with Loft		4816
		with a Porch rear entry	(4 x 8)	32
		with (2nd) Porch lake side entry - covered	(6 x 6)	36
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck observation tower	(5 x 12)	60
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.
Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Michael Furtak (See Note below) Date: 10/25/2022
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: Tom Letke, 14273 S. Fowler Circle, Gordon, WI 54838
Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed
Turn Over

Back to 12-22-2022

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:
(2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

See attachments

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
<i>Officer Bay Rd</i> Setback from the Centerline of Platted Road	570	Feet	Setback from the Lake (ordinary high-water mark)	9
Setback from the Established Right-of-Way	540	Feet	Setback from the River, Stream, Creek	NA
			Setback from the Bank or Bluff	NA
Setback from the North Lot Line	29	Feet		
Setback from the South Lot Line	450	Feet	Setback from Wetland	NA
Setback from the West Lot Line	91	Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	2,490	Feet	Elevation of Floodplain	1343.7
Setback to Septic Tank or Holding Tank	8	Feet	Setback to Well	19
Setback to Drain Field	230	Feet		
Setback to Privy (Portable, Composting)	NA	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <i>467370</i>	# of bedrooms: <i>3</i>	Sanitary Date: <i>9/26/05</i>
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>22-1326</i>		Permit Date: <i>12-13-2022</i>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>10' ft From H2O</i>			Zoning District <i>(ARB)</i> Lakes Classification <i>(1)</i>	
Date of Inspection: <i>12-1-22</i>		Inspected by: <i>A. Miller</i>		Date of Re-Inspection:
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) <i>Construction limited To existing Footprint & as proposed</i> <i>Get required UPC Inspections</i>				
Signature of Inspector: <i>A. Miller</i>				Date of Approval: <i>12/12/22</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

10339N DUFFY ROAD
HAYWARD, WI 54843
PH: 715/634-2442
FAX: 715/634-6444
WWW.HONSURVEYING.CO

← Z

[illegible][illegible]

ADDRESS:
46910 Otter Bay Rd
Cable, WI 54821

[illegible]

PROJECT NUMBER
21_03
DRAWN BY:
Author
SCALE
As indicated
DATE
Issue Date

PROJECT NAME: Pin Wheelie O'

BUILT BY TERRAIN



Bayfield County
Impervious Surface Calculations

RECEIVED

NOV 07 2022

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(c) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high-water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Bayfield Co.
Planning and Zoning Agency



Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Owner / Applicant	
Owner's Name	Eagle Knobs Lodge Inc.
Site Address	46825 Otter Bay Rd
City / State Zip	Cable, WI 54821
Mailing Address	261 Fillmore St
City / State / Zip	Denver, CO 85018-2151
Phone(s)	(406) 451-1468 → Cell Tom Letke - contractor
Email Address	tjletke@gmail.com Tom Letke

Accurate Legal Description involved in this request (specify <u>only</u> the property involved with this application)								
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID #:	Lot Size	Acreage	Zoning District	Lakes Class		
		14218		14	RRB	1		
	¼	¼	Section	Township	Range	Town of		
			33	44	7	Drummond		
Gov't Lot	Lot #	CSM #	Doc #	Vol Page	Lot#	Blk #	Subdivision	
11								

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed, and maintained to be pervious. Impervious surface standards shall apply to the construction, reconstruction, expansion, replacement or relocation of any impervious surface that is or will be located within 300 feet of the ordinary high-water mark of any navigable waterway on any riparian lot or parcel. Nonriparian lot or parcel that is located entirely within 300 feet of the ordinary high-water mark of any navigable waterway.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of the existing and proposed impervious surfaces on the lot or parcel by the total surface area of that lot or parcel and multiplying by 100. If an outlot lies between the ordinary high-water mark and the developable lot or parcel described in subd. 1. and both are in common ownership, the lot or parcel and the outlot shall be considered one lot or parcel for the purposes of calculating the percentage of impervious surfaces.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high-water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g), the property owner may do any of the following:

- a. Maintenance and repair all impervious surfaces:
- b. Replace existing impervious surfaces with similar surfaces within the existing building footprint.
- c. Relocate or modify existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface(s)

Impervious Surface Item	Dimension(s)	Square Footage
Existing House		
Existing Garage		
Existing Porch / Covered Porch (rear)	4' x 8'	32
Existing Porch #2 / Covered Porch #2		
Existing Deck (entry)	6' x 6'	36
Existing Deck #2		
Existing Sidewalk(s), Patio(s)		
Existing Storage Bldg		
Existing Shed (wood)	4' x 8'	32
Existing Accy: (explain) _____		
Existing Carport		
Existing Boathouse	11' x 15'	165
Existing Driveway	550 x 12	6,600
Existing Road (Name) _____		
Existing Other (explain) parking area	35' x 35'	1,225
Existing Other (explain) _____		
Proposed House	30' x 48'	1,440
Proposed Garage		
Proposed Addition (explain) _____		
Proposed Addition (explain) _____		
Proposed Porch / Covered Porch		
Proposed Porch #2 / Covered Porch #2		
Proposed Deck #1		
Proposed Deck #2		
Proposed Balcony		
Proposed Sidewalk(s), Patio(s)		
Proposed Storage Bldg		
Proposed Shed		
Proposed Carport		
Proposed Accy: (explain) _____		
Proposed Boathouse		
Proposed Driveway		
Proposed Road (Name) _____		
Proposed Other (explain) _____		
Proposed Other (explain) _____		
Total:		9,530

- a. Total square footage of lot: 14ac (43,560) = 609,840
- b. Total impervious surface area: 9,530
- c. Percentage of impervious surface area: $100 \times (b)/a =$ 1.5%

Total square footage of additional impervious surface allowed: @ 15% 81,946 @ 30% 173,422
91,476 182,952

Issuance Information (County Use Only)	Date of Inspection: <u>12-1-22</u>
Inspection Record:	Zoning District (RRB) Lakes Classification (/)
Condition(s):	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>12/12/22</u>

BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

RECEIVED

AUG 18 2022

Zoning District ARB

Lakes Class 1

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County: <u>Bayfield</u>					
Property Owner's Name: <u>Eagle Knob Lodge Inc</u>				County: <u>Bayfield</u>		Permit No:					
Address of Property: <u>46825 Otter Bay Rd.</u>				Property Location: <u>1/4 1/4 S 33 T 44 N, R 7 E (or W)</u>							
Property Owner's Mailing Address: <u>261 Fillmore St.</u>				Township: <u>Drummond</u>		Gov. Lot #: <u>IN 11</u>					
City, State <u>Denver, CO</u>		Zip Code <u>85018-8324</u>	Phone Number <u>(303) 355-8324</u>	Lot #	Block #	CSM #: <u>V. 1144 P. 852</u>	CSM Doc #	Subdivision Name			
II. TYPE OF BUILDING: (Check One) <u>8324</u>				Tax ID#: <u>14218</u>							
<input type="checkbox"/> State Owned											
<input type="checkbox"/> Public (Explain the use/purpose _____)											
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>3</u>											
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)											
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor											
<input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input checked="" type="checkbox"/> Transfer of Owner (List Previous Owner below) <u>Art Laura Trust</u>											
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>467370</u> Date Issued: <u>9/26/05</u>											
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above											
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)											
<input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet											
V. ABSORPTION SYSTEM INFORMATION:											
1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (Sq.Ft.) <u>643</u>	3. Absorp. Area Proposed (Sq. Ft.) <u>675</u>	4. Loading Rate (Gals. / Day / Sq.Ft.) <u>.7</u>	5. Perc. Rate (Min. Inch) <u>-</u>	6. System Elev.(Feet) <u>A=96.6 C=2 B=96.3 100</u>	7. Final Grade Elev. (Feet) <u>102.3 - 105.3</u>					
VI. TANK INFORMATION:		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
		New Tanks	Existing Tanks								
Septic Tank or Holding Tank			<u>1000</u>	<u>1000</u>	<u>1</u>	<u>Rasmussen</u>	<u>X</u>				
Lift Pump Tank / Siphon Chamber			<u>600</u>	<u>600</u>	<u>1</u>	<u>"</u>					
VII. RESPONSIBILITY STATEMENT:											
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.											
Owner's Name(s): (Print) If applying for Section C above <u>Rick Carpenter (Agent)</u>						Owner's Signature(s): (No Stamps) <u>[Signature]</u>					
Plumber's Name: (Print) If applying for Section A or B above <u>Jason Kuettel / A. Rasmussen & Sons</u>						Plumber's Signature: (No Stamps) <u>[Signature]</u>			MP/MPRSW No: <u>675751</u>		
Plumber's Address: (Street, City State, Zip Code) <u>P.O. Box 66 Cable WI 54821</u>						Home Phone: <u>-</u>			Business Phone: <u>715-798-3355</u>		
VIII. COUNTY / DEPARTMENT USE ONLY											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>50 Paid</u>		Date Issued: <u>9/11/22</u>		Issuing Agent's Signature / Date: <u>[Signature] 1423713 9/11/22</u>			
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											

Plot Plan on reverse side

Wrong Form -

See attached Plot Plan

← Name of Frontage Road () →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- | | |
|---|---|
| a. Building to all lot lines | i. Privy to building |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line |
| d. Septic / holding tank to closest lot line | l. Drain field to building |
| e. Septic/holding tank to building | m. Drain field to well |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line | |

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Eagle Knob Lodge Inc
261 Fillmore St.
Denver, CO

85018-2151
(303) 355-8324

* SEWER
RECONNECT *

46825 Otter Bay Rd.
Gov't Lot 11, S33, T44N, R7W
Town of Drummond
Bayfield Co., WI
Parcel # 018-1051-06-000
Tax ID # 14218

▲ Bm = 100' @ Nail in ribboned
Poplar Tree (± 2' A.G.L.)

Elevations:


B1 = 102.3'	S.T. Inlet = 84.46'
B2 = 103.3'	S.T. outlet = 84.28'
B3 = 105.3'	Bldg. sewer = 85.06'

System(s):

A = 96.6'	ALT = 95.6'
B = 98.3'	ALT = 97.3'
C = 100'	ALT = 99.0'
D + E = 99.5'	

Pump @ Top of Block = 80.96'

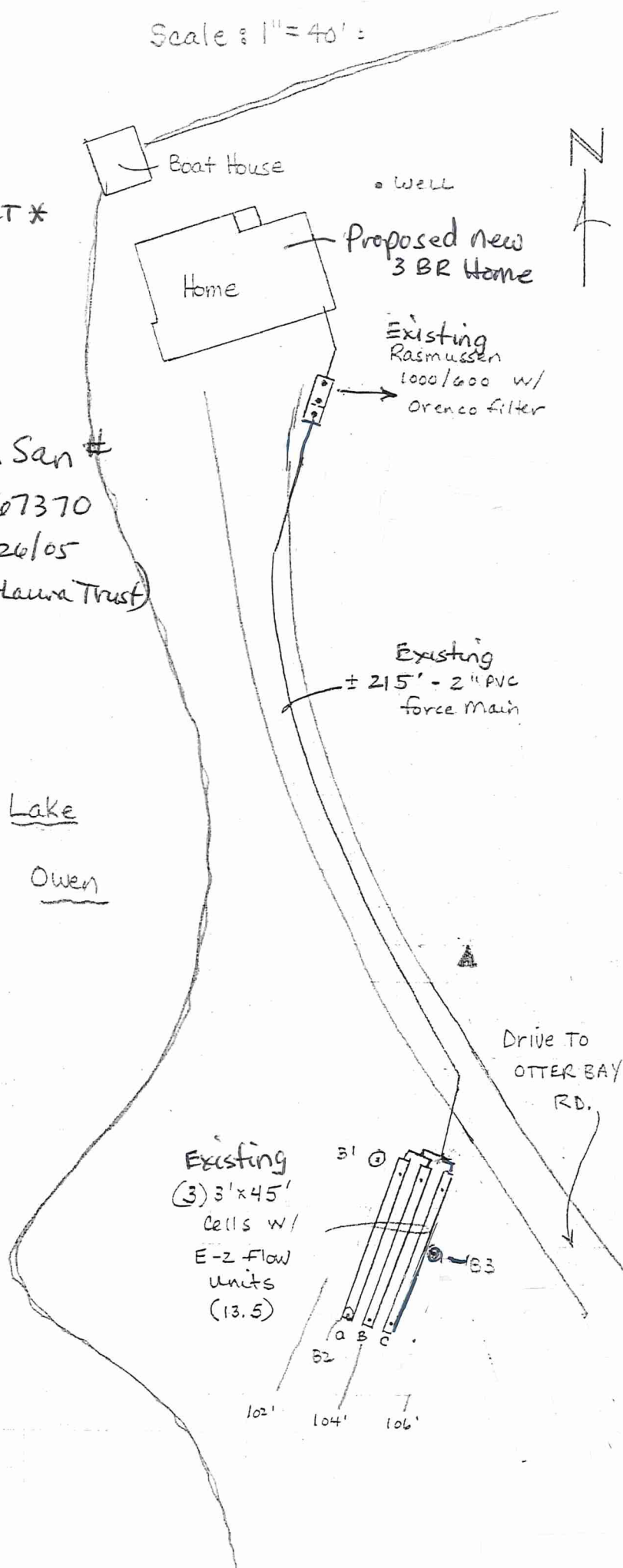
Lake = 80' ±


Jason Kuettel
MP # 675751
8/16/2022

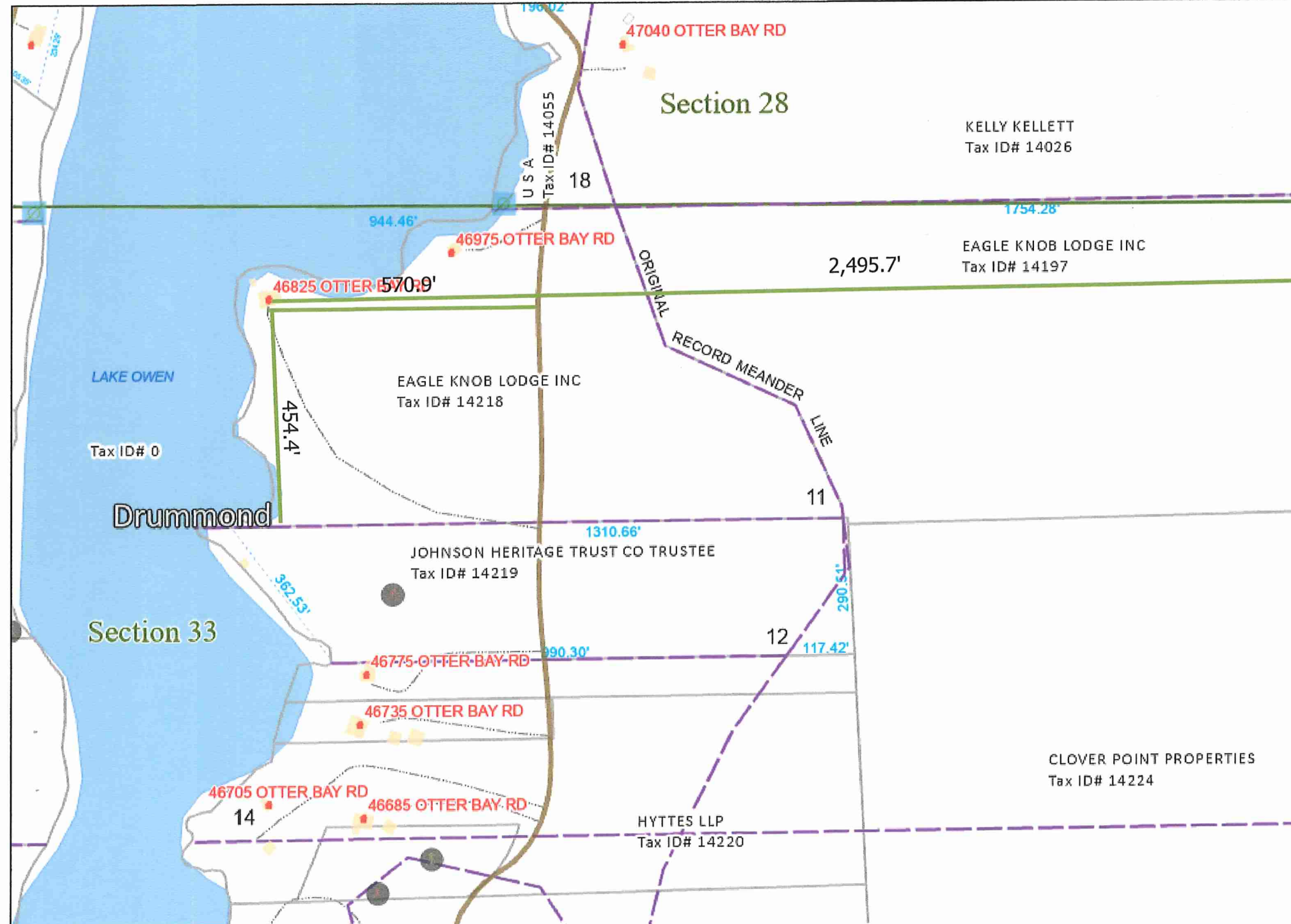
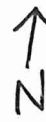
Scale: 1" = 40'

Prev. San #
467370
9/26/05
(Art Laura Trust)

Lake
Owen



Bayfield County, WI



Bayfield County, WI



Section 28

47065 KRAFTS POINT RD

47070 KRAFTS POINT RD

Krafts Point Rd

Drummond

Tax ID# 0

46965 KRAFTS POINT RD

ALICE J HACK
Tax ID# 14198

46905 KRAFTS POINT RD

Section 33

46855 KRAFTS POINT RD

TINTHOFF CO. ROAD

46975 OTTIER BAY RD

46925 OTTIER BAY RD

EAGLE KNOB LODGE INC
Tax ID# 14218

JOHNSON HERITAGE TRUST CO TRUSTEE

Tax ID# 14219

46775 OTTIER BAY RD

46735 OTTIER BAY RD

HYTTES LLP

Tax ID# 14220

47130 OTTIER BAY RD

47090 OTTIER BAY RD

47040 OTTIER BAY RD

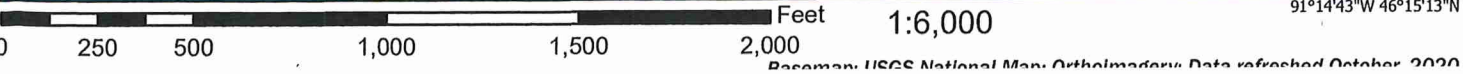
USA
Tax ID# 14055

ORIGINAL
RECORD MEANDER LINE

National Flood Hazard Layer FIRMette



91°15'20"W 46°15'38"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone I
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

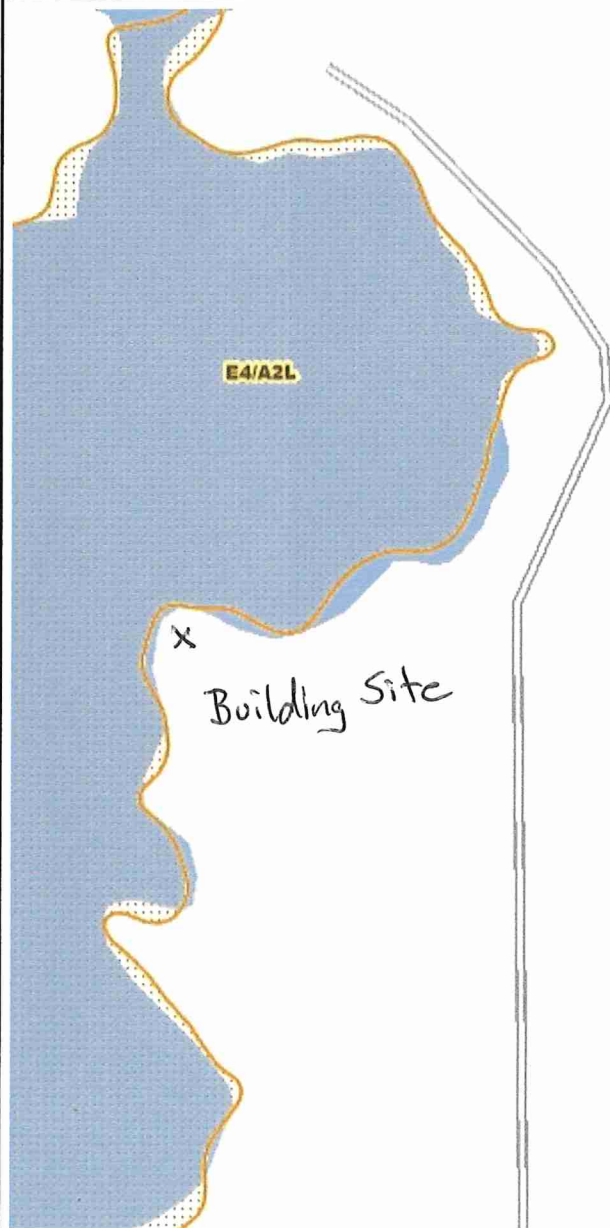
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 10/25/2022 at 12:03 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



Surface Water Data Viewer Map



- Legend**
- Wetland Class Areas
 - Wetland Class Points
 - Dammed pond
 - Excavated pond
 - Filled/draind wetland
 - Wetland too small to delineate
 - Filled excavated pond
 - Filled Points
 - Wetland Class Areas
 - Filled Areas
 - Wetland Class Areas
 - Wetland Class Points
 - Dammed pond
 - Excavated pond
 - Filled/draind wetland
 - Wetland too small to delineate
 - Filled excavated pond
 - Filled Points
 - Wetland Class Areas
 - Filled Areas
 - Wetland Identifications and Confirmations
 - Municipality
 - State Boundaries
 - County Boundaries
 - Major Roads
 - Interstate Highway
 - State Highway
 - US Highway
 - County and Local Roads
 - County HWY
 - Local Road
 - Railroads
 - Tribal Lands

0.1 0 0.06 0.1 Miles

NAD_1983_HARN_Wisconsin_TM

1: 3,960

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/legal/>

Notes

Town of Drummond

Page 3 of 3

Parcel in Gout Lot #11-33-T44N-R7W

- Map Scale - 1" = 40'

- BMA - nail approx. 20' above ground level on ribboned poplar = 100.0'

- Elevations

B1 = 102.3'

B2 = 103.3'

B3 = 105.3'

Sewer Outlet = approx. 92.0'

Lake = 84.0'

- System Elevations

	cell a	cell b	cell c
primary =	96.6'	98.3'	100.0'
replacement =	95.6'	97.3'	99.0'

- 3 bedroom replacement = 450 gpd

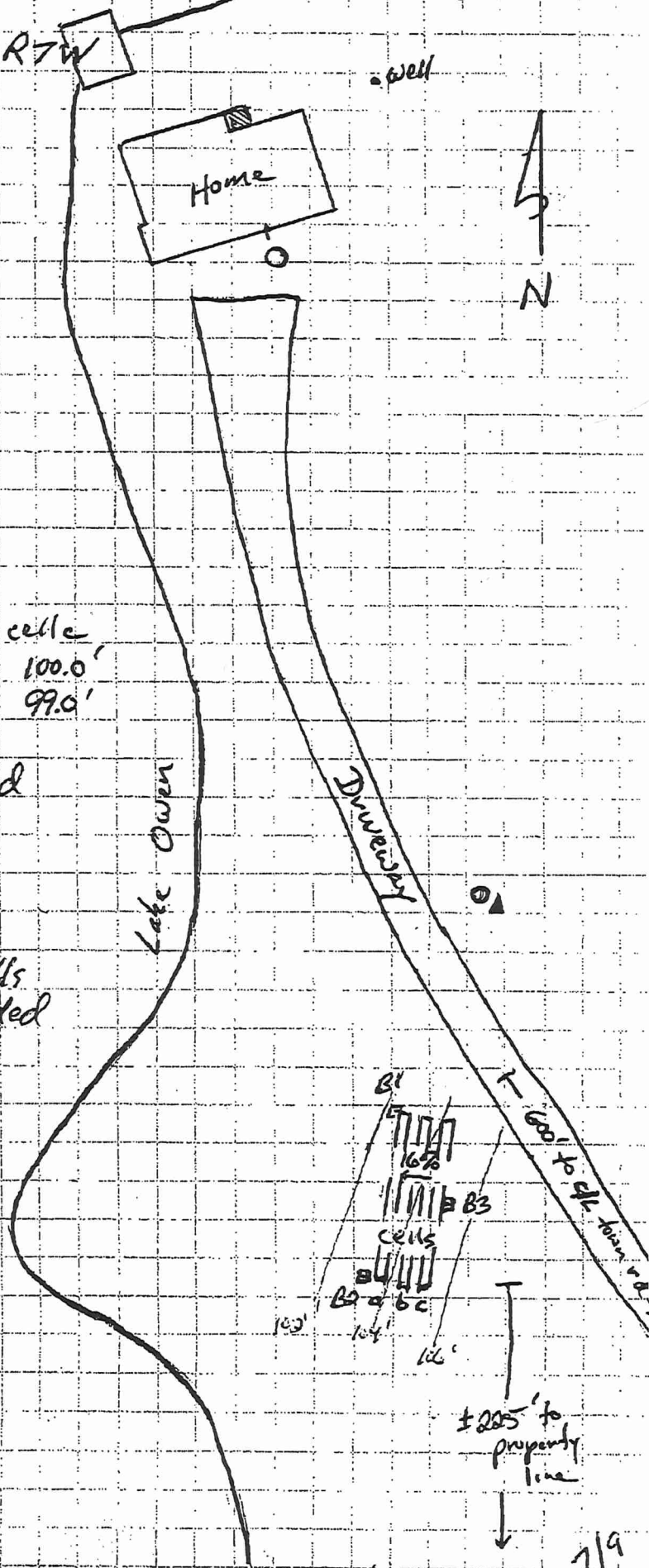
- Recommended design loading rate = .7 gpd/sq ft

- Three 3' x 44' distribution cells w/ in filters recommended

- Contingency Plan - if or when primary cells ever fail, replacement cells one foot below primary site recommended

Joseph Zirn ID# 223989

Joseph Zirn 8-31-05





BUILT BY TERRAN

PROJECT NAME:
Pin Wheelie O'

CONTACT:
BRANDON@TERRANME.COM
(414) 964-8207

SHEET NUMBER
A401

FIRST NAME
EXTERIOR ELEVATIONS

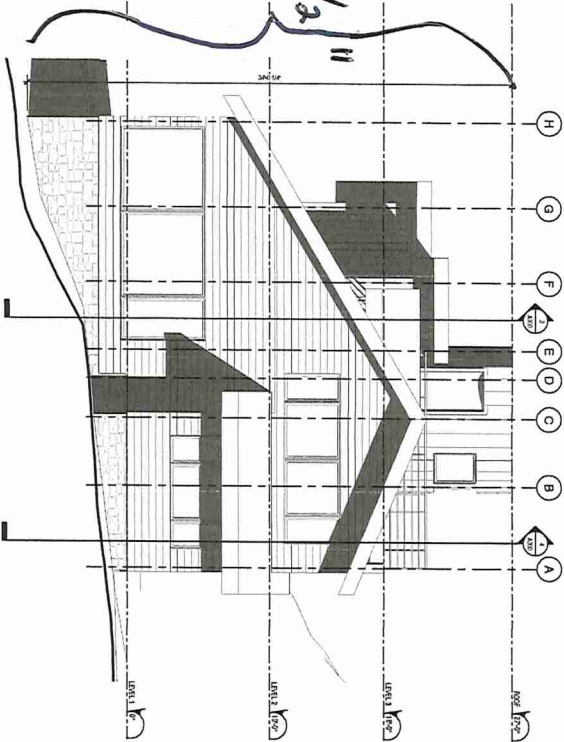
CLIENT
GENERATIONS 6-12

ADDRESS
46910 Otter Bay Rd
Cable, WI 54821

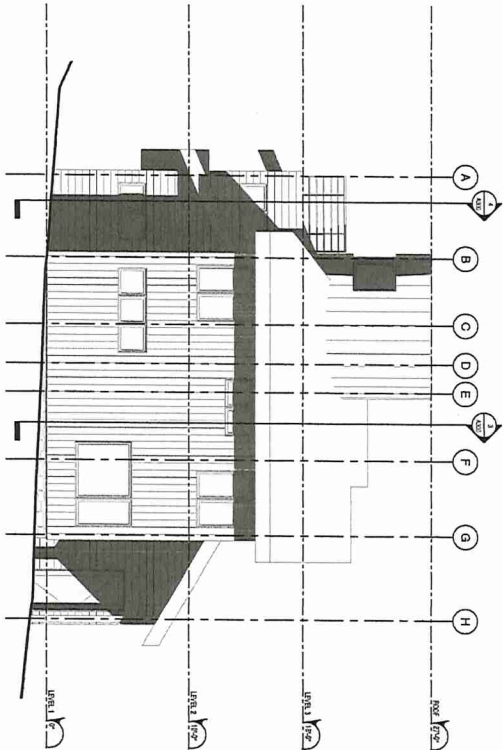
NO.	REVISION	DATE

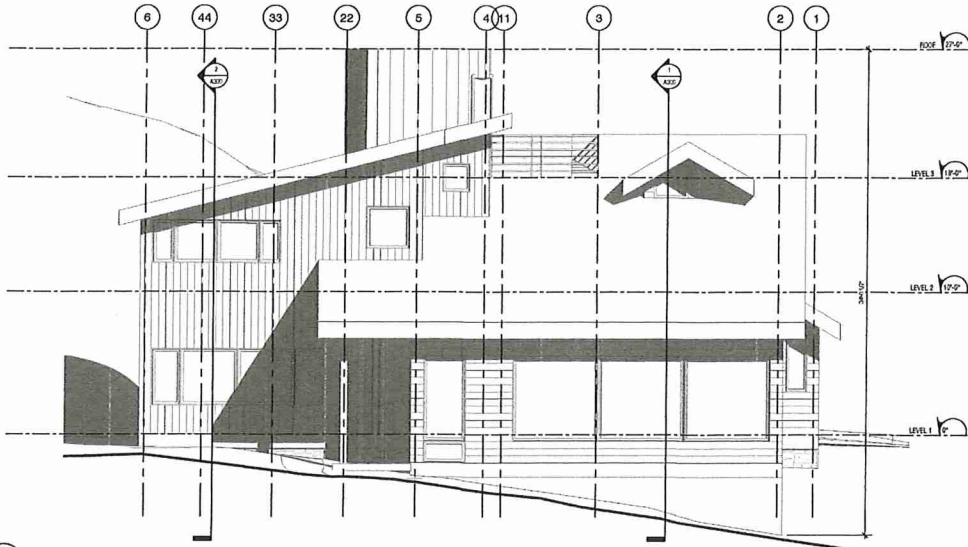
PROJECT NUMBER
21.03
DRAWN BY
Auditor
Scale
1/4" = 1'-0"
DATE
Issue Date

1 WEST ELEVATION
ANS 1/4" = 1'-0"

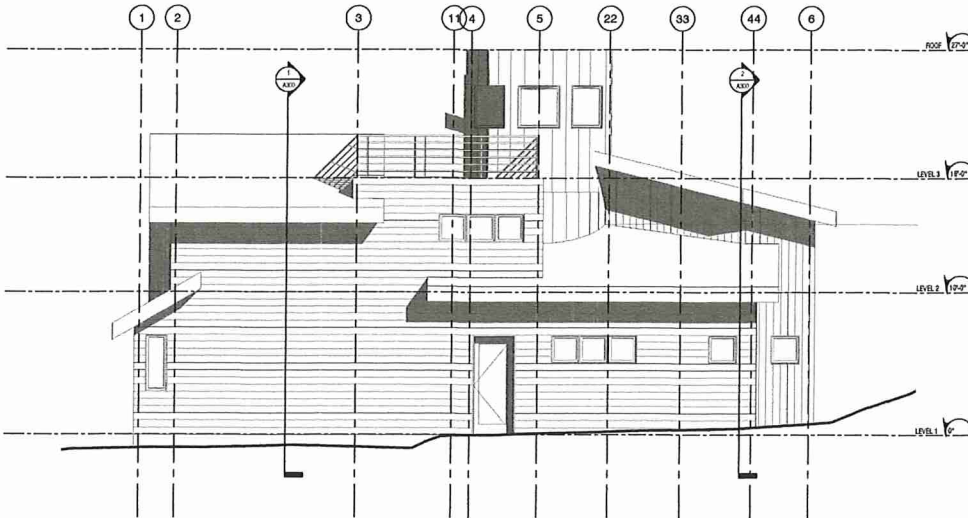


2 EAST ELEVATION
ANS 1/4" = 1'-0"





2 NORTH ELEVATION
1/4" = 1'-0"



3 SOUTH ELEVATION
1/4" = 1'-0"



BUILT BY TERRAZZ

PROJECT NAME:
Pin Whistle 0'

CONTACT:
BOWEN@BOWEN.COM
508.548.1111

SHEET NUMBER:
A400

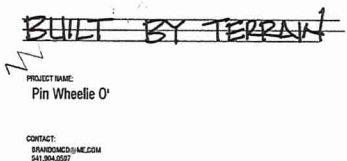
SHEET NAME:
EXTERIOR ELEVATIONS

CLIENT:
GENERATIONS 6-12

ADDRESS:
46910 Otter Bay Rd
Cable, WI 54821

REVISIONS		
NO.	DESCRIPTION	DATE

PROJECT NUMBER:
21_03
DRAWN BY:
Author
SCALE:
1/4" = 1'-0"
DATE:
Issue Date

A103
SULT MAREK

SHEET NAME
ROOF PLAN

CURRENT:
GENERATIONS 6-12

ADP#255:
46910 Otter Bay Rd
Cable, WI 54821

[illegible]

PROJECT NUMBER
21_03
DRAWN BY:
Author
SCALE
 $1/4" = 1'-0"$
DATE
Issue Date



PROJECT NAME:
Pin Wheelie O'

CONTACT:
BRANDMED@ME.COM
541.204.0507

SHEET NUMBER
A300

SHEET NAME:
GENERAL SECTIONS

CLIENT:
GENERATIONS 6-12

ADDRESS:
46910 Otter Bay Rd
Cable, WI 54821

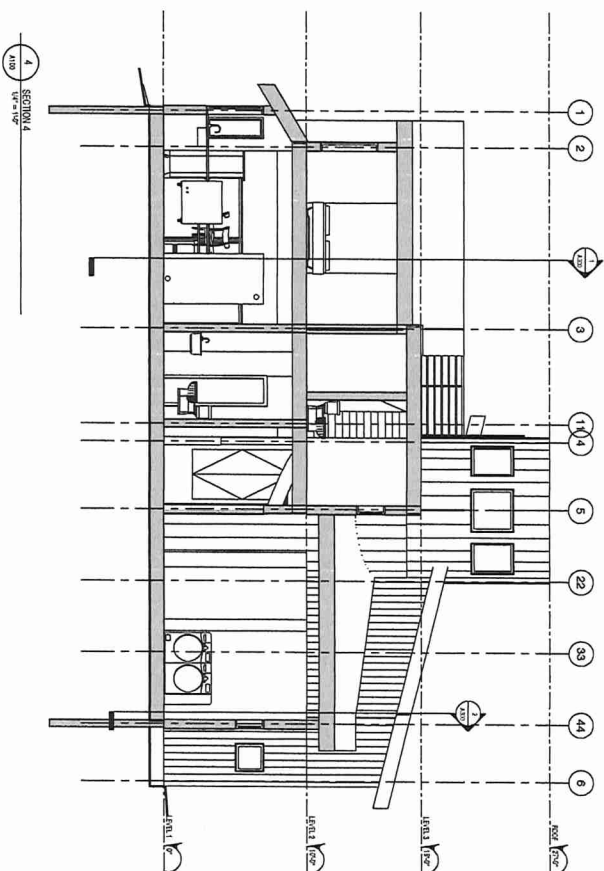
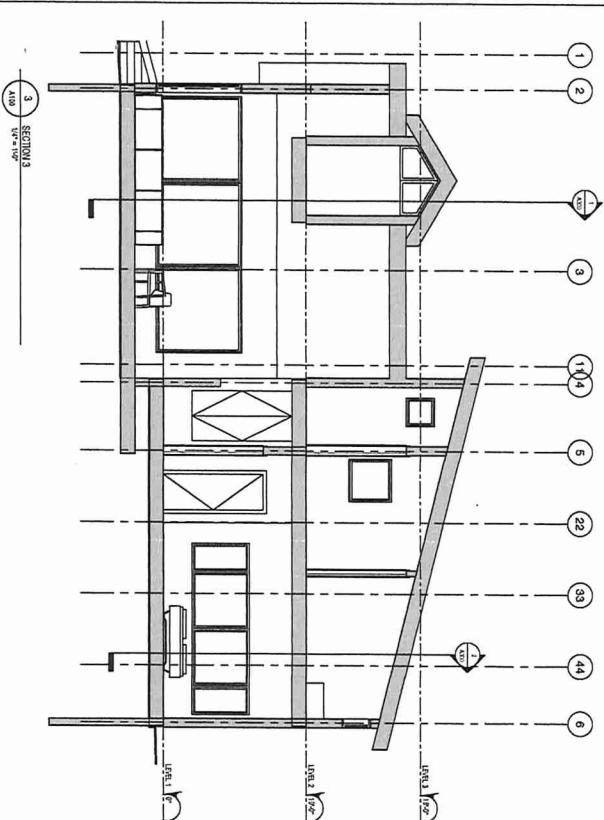
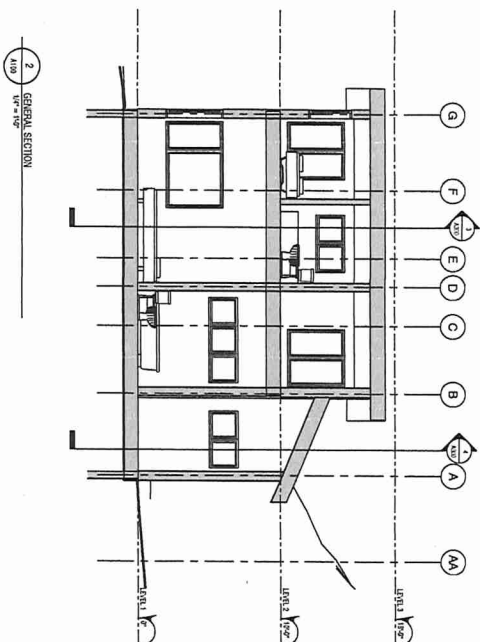
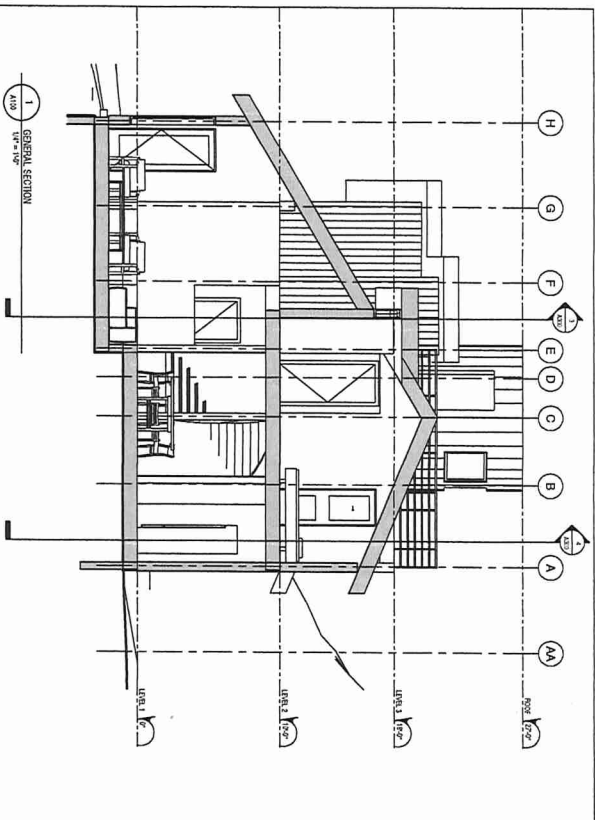
[illegible]

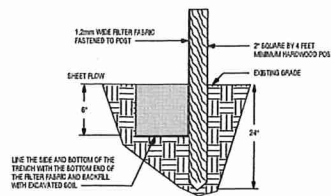
PROJECT NUMBER:
21_03

DRAWN BY:
Author

SCALE
1/4" = 1'-0"

DATE
Issue Date





DESCRIPTION
A TEMPORARY SEDIMENT BARRIER CONSISTING OF ENTRENCHED FILTER FABRIC
STRETCHED ACROSS AND SECURED TO SUPPORTING PGS.

APPLICATION:

- PERIMETER CONTROL: PLACE BARRIER AT DOWNGRADIENT LIMITS OF DISTURBANCE
- SEDIMENT BARRIER: PLACE BARRIER AT TOE OF SLOPE OR SOIL STOCKPILE
- PROTECTION OF EXISTING WATERWAYS: PLACE BARRIER AT TOP OF STREAM BANK
- INLET PROTECTION: PLACE FENCE SURROUNDING CATCHBASINS

INSTALLATION/APPLICATION CRITERIA:

- PLACE POSTS 8 FEET APART ON CENTER ALONG CONTOUR (OR USE PREASSEMBLED UNIT) AND DRIVE 2 FEET ANCHOR INTO GROUND. EXCAVATE AN ANCHOR TRENCH IMMEDIATELY UPSTREAM OF POSTS.
- SECURE WIRE LONG W/ A GAGE NAIL WITH 6 INCH OPENING TO UNROLL SIDE OF POSTS. ATTACH WITH HEAVY DUTY 1 INCH LONG WIRE STAPLES, THE WIRE ON TWO FRINGS.
- CUT FASING TO REQUIRED WIDTH, UNROLL ALONG LENGTH OF BARRIER AND DRAPE OVER BARRIER.
- SECURE FASING TO MESH WITH TWINE, STAPLES, OR SIMILAR, WITH TRAILING EDGE EXTENDING INTO ANCHOR TRENCH.
- BACKFILL TRENCH OVER FILTER FASING TO ANCHOR.

LIMITATIONS:

- RECOMMENDED MAXIMUM DRAINAGE AREA OF 0.5 ACRES PER 100 FEET OF FENCE
- RECOMMENDED MAXIMUM UP-SLOPE LENGTH OF 150 FEET
- RECOMMENDED MAXIMUM UP-SLOPE GRADE OF 2:1 (50%)
- RECOMMENDED MAXIMUM FLOW RATE OF 0.5 CFS
- PONDING SHOULD NOT BE ALLOWED BEHIND FENCE

MAINTENANCE:

- INSPECT IMMEDIATELY AFTER ANY RAINFALL AND AT LEAST DAILY DURING PROLONGED RAINFALL.
- LOOK FOR HUNTS BYPASSING ENDS OF BARRIERS OR UNDERCUTTING BARRIERS.
- REPAIR OR REPLACE DAMAGED AREAS OF THE BARRIER AND REMOVE ACCUMULATED SEDIMENT.
- REANCHOR FENCE AS NECESSARY TO PREVENT SHORTCUTTING.
- REMOVE ACCUMULATED SEDIMENT WHEN IT REACHES 1/2 THE HEIGHT OF THE FENCE.

The diagrams illustrate the correct and incorrect placement of straw rolls for erosion control. The top left diagram shows a cross-section of a slope with a straw roll placed at a 45° angle to the slope, labeled "45° OR GREATER". The top right diagram shows a cross-section of a slope with a straw roll placed parallel to the slope, labeled "ADJACENT ROLLS SHALL TIGHTLY ADJUT". Below these are two cross-sections of a slope with a straw roll placed parallel to the slope. The left one is labeled "STRAW WATTLE" and "WOOD STAKE", with arrows indicating "FLOW" and "GROUND". The right one is labeled "STRAW WATTLE" and "WOOD STAKE", with arrows indicating "FLOW", "TRENCH", and "GROUND".

DESCRIPTION:
TEMPORARY SEGMENT BARRIER CONSISTING OF A ROW OF ENTRENCHED AND ANCHORED STRAW BALES.

APPLICATION:

- PERIMETER CONTROL: PLACE BARRIER AT DOWNGRADIENT LIMITS OF DISTURBANCE.
- SEDIMENT BARRIER: PLACE BARRIER AT TOE OF SLOPE OR SOIL STOCKPILE
- PROTECTION OF EXISTING WATERWAYS: PLACE BARRIER AT TOP OF STREAM BANK.
- PILET PROTECTION.

INSTALLATION APPLICATION CRITERIA:

- DIGGAGE A 4-INCH MINIMUM DEEP TRENCH ALONG CONTOUR LINE, I.E. PARALLEL TO SLOPE, REMOVING ALL GRASS AND OTHER MATERIAL THAT MAY ALLOW UNDERFLOW.
- PLACE BAILS IN TRENCH WITH ENDS THIRTY-FOUR INCHES, FILL ANY GAPS BY WEDGING LOOSE STRAW INTO GROUNDS.
- ANCHOR EACH BALE WITH 2 STAKES DRIVEN FLUSH WITH THE TOP OF THE BALE.
- BACKFILL AROUND BALE AND COMPACT TO PREVENT PIPING. BACKFILL ON UPHILL SIDE TO BE BUILT UP 4-INCHES ABOVE GROUND AT THE BARRIER.

LIMITATIONS:

- RECOMMENDED MAXIMUM AREA OF 0.5 ACRE PER 100 FEET OF BARRIER
- RECOMMENDED MAXIMUM UPGRADIENT SLOPE LENGTH OF 150 FEET.
- RECOMMENDED MAXIMUM UPHILL GRADE OF 2:1 (50%)

MAINTENANCE:

- INSPECT IMMEDIATELY AFTER ANY RAINFALL AND AT LEAST DAILY DURING PROLONGED RAINFALL.
- LOOK FOR FLOODING BYPASSING ENDS OF BARRIERS OR UNDERCUTTING BARRIERS.
- REPAIR OR REPLACE DAMAGED AREAS OF THE BARRIER AND REMOVE ACCUMULATED SEDIMENT.
- REALIGN BALES AS NECESSARY TO PROVIDE CONTINUOUS BARRIER AND FILL GAPS.
- RECOMPACT SOIL AROUND BARRIER AS NECESSARY TO PREVENT PIPING.

[illegible]

DESCRIPTION:
A STABILIZED PAD OF CRUSHED STONE LOCATED WHERE CONSTRUCTION TRAFFIC ENTERS OR LEAVES THE SITE FROM OR TO PAVED SURFACE.

APPLICATION:
AT ANY POINT OF INGRESS OR EGRESS AT A CONSTRUCTION SITE WHERE ADJACENT TRAVELED
WAY IS PAVED. GENERALLY APPLIES TO SITES OVER 2 ACRES UNLESS SPECIAL CONDITIONS EXIST.

INSTALLATION/APPLICATION CRITERIA:

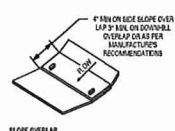
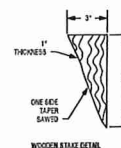
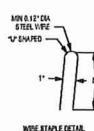
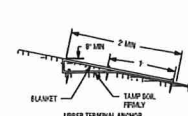
- CLEAN AND GRUB AREA AND GRADE TO PROVIDE MAXIMUM SLOPE OF 2%.
- COMPACT SUBGRADE AND PLACE FILTER FABRIC IF DESIRED (RECOMMENDED FOR ENTRANCES TO REMAIN FOR MORE THAN 3 MONTHS).
- PLACE COARSE AGGREGATE, 1 TO 2 1/2 INCHES IN SIZE, TO A MINIMUM DEPTH OF 8 INCHES.

LIMITATIONS:

- REQUIRES PERIODIC TOP DRESSING WITH ADDITIONAL STONES.
- SHOULD BE USED IN CONJUNCTION WITH STREET SWEEPING ON ADJACENT PUBLIC RIGHT-OF-WAY.

MAINTENANCE:

- INSPECT DAILY FOR LOSS OF GRAVEL OR SEDIMENT BUILDUP.
- INSPECT ADJACENT ROADWAY FOR SEDIMENT DEPOSIT AND CLEAN BY SWEEPING OR SHOVELING.
- REPAIR ENTRANCE AND REPLACE GRAVEL AS REQUIRED TO MAINTAIN CONTROL IN GOOD WORKING CONDITION.
- EXPAND STABILIZED AREA AS REQUIRED TO ACCOMMODATE TRAFFIC AND PREVENT EROSION AT DRIVEWAYS.



BUILT BY TERRAN

PROJECT NAME:
Pin Wheelie 0'

CONTACT:
BRANDON@ME.COM
641.904.0707

SHEET NUMBER
C003

SHEET NAME:
SWPPP DETAILS

CURRENT:
GENERATIONS 6-12

ADDRESS:
46910 Otter Bay Rd
Cable, WI 54821

[illegible]

PROJECT NUMBER:
21_03

DRAWN BY:
Author

SCALE
1/4" =

DATE: _____
Issue Date

Issue Date

BANKERS CERTIFICATE
 I, JAMES E. HILKEY, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY
 THAT ON THE GRACES OF THE LAND, I HAVE MADE, A KNOWING SURVEY OF PART OF QUADRENT LOT 11 OF
 SECTION 14, T. 11 N., R. 16 E., N. 1/2 OF THE SW. 1/4 OF QUADRENT, BRITTON TOWNSHIP, WISCONSIN.
 THAT THIS MAP IS THE REPRODUCTION OF SAID SURVEY, AND
 THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[illegible]

LEEDS

Box 1 ON-ST BROADWAY
— 1 — APT. 70 STICK
● ZEPHYRUS
■ HILL
□ OLC MTR

THICK REDDING WALL

DOCKET

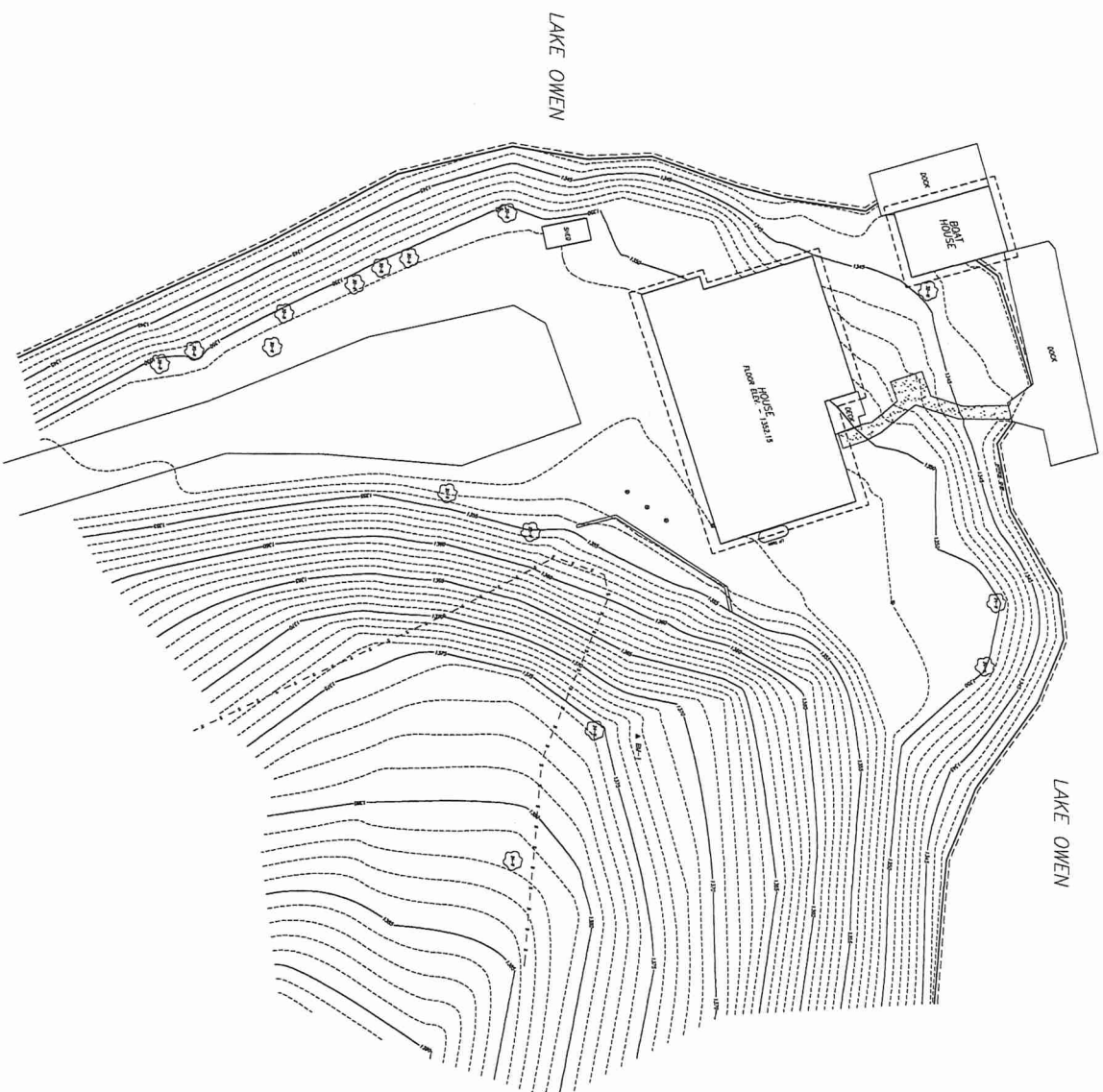
GRAPH

PEEL MATTERS AND SPECKS IN DOCK

W - NO PAF
W - WAF PAF

CLIENT: TIM LOUIS
JOB NO: 100/
SCALE: 1" = 10'
AIR: 8-30 PM '12
FIELD WORK COMPLETED 9/1/10
FILE: 4/10007/SECT
AUG 10.05.100
CROSS: 10.05

10339N DUFFY ROAD
HAYWARD, WI 54843
PH: 715/634-2442
FAX: 715/634-6444
WWW.HONSDURVEYING.COM



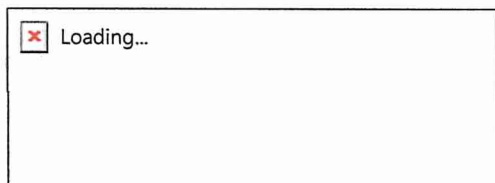
From: Brando McDonnell
Sent: Friday, September 30, 2022 11:19 AM
To: mfurtak11@gmail.com
Subject: RE: 46825 Otter Bay Rd.

Hi Mike,

LEVEL 1 SQFT = 1,170 SQFT
LEVEL 2 SQFT = 645 SQFT
TOTAL = 1,816 SQFT
Building Height = 34'-0 1/2" (see elevation dim. Sheet A400)
of Bedrooms = 3 Bedrooms

Side note. I believe Tom has already pulled a sanitary permit fyi...

Brando McDonnell
541.904.0597



From: mfurtak11@gmail.com
Sent: Friday, September 30, 2022 6:48 AM
To: [Brando McDonnell](#)
Subject: RE: 46825 Otter Bay Rd.

Brando,

Please provide me the square footage of each floor. I also need the height of the building from the lowest exposed portion of the foundation to the peak of the roof. How many bedrooms?

Thanks!

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Brando McDonnell](#)
Sent: Thursday, September 29, 2022 1:09 PM
To: mfurtak11@gmail.com
Subject: RE: 46825 Otter Bay Rd.

Ruth Hulstrom

From: Ruth Hulstrom
Sent: Wednesday, December 7, 2022 4:07 PM
To: mfurtak11@gmail.com
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

I will get the application updated and print the attached email as verification that Department staff can make the change.

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: mfurtak11@gmail.com <mfurtak11@gmail.com>
Sent: Wednesday, December 7, 2022 8:52 AM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Yes please update the application with the sanitary information I attached on 12/2/2022.

Thanks!

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Ruth Hulstrom](#)
Sent: Wednesday, December 7, 2022 8:25 AM
To: [Michael Furtak](#)
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

I am still waiting on a response from you regarding whether we can update the existing land use application you submitted with the sanitary system information you attached 12/2/2022.

Please advise so we can get the permit issued.

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: Ruth Hulstrom
Sent: Friday, December 2, 2022 9:00 AM
To: Michael Furtak <mfurtak11@gmail.com>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

Can you please verify that staff can update the land use application with the appropriate sanitary information so we can issue the permit?

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: Michael Furtak <mfurtak11@gmail.com>
Sent: Friday, December 2, 2022 8:56 AM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>
Subject: Re: Tax ID# 14218 - Land Use Permit Application

The only confusion is in your incompetent beauracratc minds. A total lank of communication by the department. This is on zoning again. 318 permits issued you all should be fired

Sent from my iPhone

On Dec 2, 2022, at 8:37 AM, Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov> wrote:

Mike,

Please note that the confusion was created because of the information you provided on the land use application, received 11/7/2022, see below. You noted on this application that the sanitary was new. So, when staff went to issue the permit and only had reconnect paperwork, they wanted to confirm that this was accurate versus what you had indicated on the land use application.

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$800,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: upgraded	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)		<input checked="" type="checkbox"/> Crawl Use	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions) irregular	Length: appx 28	Width: 44	Height: 34' 1/2"

Again, as I noted in the prior email, I just need you to confirm what the sewer/sanitary system is or will be on the property and confirm I can update the application with this information. Otherwise, we will need you to come in and update the application.

I can use the attached sanitary application/permit if you confirm this is accurate to your knowledge.

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: mfurtak11@gmail.com <mfurtak11@gmail.com>
Sent: Friday, December 2, 2022 8:10 AM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>; Dennis Pocernich <Dennis.Pocernich@bayfieldcounty.wi.gov>; Tim <tim@andryras.com>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Tim Clark of Andry Rasmussen & Sons Plumbing submitted all the sanitary information with the County Sanitary Permit application for the “reconnect”. He was told that the County Sanitary form he used was the incorrect form. Of course he submitted the correct form. Attached is the Sanitary Permit information for 46825 Otter Bay Road, the Eagle Knob Lodge, Inc project (O’Leary was the owner when the sanitary system was installed) from YOUR files.

If you need anything else please contact me and I will provide the necessary information.

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Ruth Hulstrom](#)
Sent: Thursday, December 1, 2022 3:54 PM
To: mfurtak11@gmail.com
Cc: [Tim Clark](#); [Tracy Pooler](#); tjletke@gmail.com
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

You submitted the land use permit for the proposed structure and are acting as the authorized agent. Part of submitting this application involves indicating what type of sanitary exists or is proposed, if applicable.

I can inform you of what the County currently has in our records but when a new application is filed with the Department, we ask for this information, if applicable, to make sure our records remain accurate.

If you agree with County records noted below, I can update the land use application you filed with us with this information or you can come in and update the application so we can move forward with issuing the permit.

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: mfurtak11@gmail.com <mfurtak11@gmail.com>
Sent: Thursday, December 1, 2022 1:54 PM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Tim Clark of Andry Rasmussen & Sons submitted all the information. He has licensed credentials from the WI DSPS I am in no position to make any determination of the type or functionality of the septic system. Tom Letke of Ridgeback Builders is arranging the pumping of the septic system. Their your records

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Ruth Hulstrom](#)
Sent: Thursday, December 1, 2022 1:18 PM
To: mfurtak11@gmail.com
Cc: [Tim](#); [Tracy Pooler](#)
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

Below is the record in our database. I am asking you to verify that this is correct, based on your knowledge of the property and system. If you believe that this record is correct, then verify that we can update the submitted application with this information.

I will await confirmation that existing system has been service and is complaint with State and County code.

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: mfurtak11@gmail.com <mfurtak11@gmail.com>
Sent: Thursday, December 1, 2022 1:13 PM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>; Tim <tim@andryras.com>; Tracy Pooler <tracy.pooler@bayfieldcounty.wi.gov>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

The existing sanitary was installed under the name O'Leary. I suggest looking in your data base. I will contact the owner's contractor about servicing the septic tank.

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Ruth Hulstrom](#)
Sent: Thursday, December 1, 2022 12:05 PM
To: mfurtak11@gmail.com

Cc: [Tracy Pooler](#); [Tim Clark](#); tiletke@gmail.com
Subject: RE: Tax ID# 14218 - Land Use Permit Application

Mike,

The Department has the following sanitary record related to this property. Can you confirm that the existing system is a septic tank or conventional system, and Department staff can change this on the land use application.

Owner	EAGLE KNOB LODGE INC	Component	Due Date	Days	<div>View Property</div> <div>Add New Tenant or Cluster Owner</div> <div>View Map</div> <div>View Site Sketches</div>
Alternative Name		Septic Tank	6/20/2022	-164	
Site Address	46825 OTTER BAY RD Cable, WI 54821				
Tracking Number	04018244073310501110000				
Tax Parcel #	04018244073310501110000				
Number of Tanks	2				
Total Tank Capacity	1600 (Gals.)				

Please note, that the existing system looks to be past due for service. Because the system is in violation, we will not be able to issue the land use permit until we receive notification of compliance.

Best regards,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov



From: mfurtak11@gmail.com <mfurtak11@gmail.com>
Sent: Thursday, December 1, 2022 10:05 AM
To: Ruth Hulstrom <ruth.hulstrom@bayfieldcounty.wi.gov>
Subject: RE: Tax ID# 14218 - Land Use Permit Application

The septic had been previously upgraded by the previous owner (O’Leary). Property is now owned by Eagle Knob, Inc.
I was trying to help staff locate the sanitary. Please have staff make the necessary change(s) to allow the permit to be issued.

Thanks!

Michael Furtak
North Star Realtors
(715) 372-5900 Office
(715) 817-2034 Cell

From: [Ruth Hulstrom](#)

Sent: Thursday, December 1, 2022 9:58 AM

To: mfurtak11@gmail.com

Cc: [Tracy Pooler](#); [Tim Clark](#); tjletke@gmail.com

Subject: Tax ID# 14218 - Land Use Permit Application

Mike,

Please see attached land use permit application, received 11/7/2022. The application indicates that a new upgraded sanitary system is proposed. Tracy and I talked with Tim from Andry Rasmussen and Son's plumbing this morning and his understanding is that the sanitary system for this proposed structure is existing and they are just reconnecting not upgrading or changing anything.

Can you verify? If so, can you confirm that Department staff can change the existing application from "(New) Sanitary upgraded" to "Sanitary (Exists) reconnect" and specify the type of existing system?

Thanks,

Ruth Hulstrom, AICP | Director
Planning and Zoning Department
117 E 5th Street, PO Box 58
Washburn, WI 54891
Phone: 715-373-3514
Fax: 715-373-0114
Email: ruth.hulstrom@bayfieldcounty.wi.gov





PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)



County	Bfld.
Sanitary Permit No:	467370
State Plan Transaction ID#:	
Parcel Tax No:	

GENERAL INFORMATION

Personal information you provide may be used for secondary purposes [Private Act, s. 15.04 (1)(m)]

Permit Holder's Name:	(Arthur Trust) O'Leary, John		
CST BM Elev:	Insp BM Elev:	BM Description: Nail in Popple Tree	
		City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Drummond	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Rasmussen	1000
Dosing	11	600
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark #1	8.14	100		108.14
Bldg. Sewer				85.06
St / Ht Inlet				84.46
St / Ht Outlet				84.28
Dt Inlet				84.28
Dt Bottom				80.96
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface				
Final Grade			4.5	103.64
T1			11.54	96.6
T2			9.84	98.3
T3			8.14	100.0

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	200'	44'	5.5'	NA	NA
Dosing	200'	54'	12'	12'	NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer	Gould	Demand	
Model Number	EPO 511 F	38 GPM	
TDH	21.1'	Friction Loss	4.3'
Forcemain	Length 225'	Dia 2"	Dist. To Well 54'
		System Head	0'
		TDH	Ft

DISPERSAL CELL INFORMATION

DIMENSIONS	Width	Length	No of Cells
	3'	45'	3
SETBACK INFORMATION	P / L	Bldg	Well
			OHWM of Nav Waters
CELL TO	200'	200'	200'
	50'		

Type of System	LEACHING CHAMBER	Manufacturer:
conv / w/lift		E2 Flow
		Model Number:

DISTRIBUTION SYSTEM

Header / Manifold Length 15'	Dia 4"	Distribution Pipe(s) Length _____ Dia _____ Spac _____	X Pressure Systems Only	X Hole Size	X Hole Spacing	Observation Pipes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--------	--	-------------------------	-------------	----------------	---

SOIL COVER

Depth Over Cell Center 48" ±	Depth Over Cell Edges 36" ±	Depth of Topsoil 6"	Seeded / Sodded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------	-----------------------------	---------------------	---	---

COMMENTS: (Include code discrepancies, persons present, etc.)

Filter intank, Oranco 8" biotube
locks + chains on tank
Geo-fabric on cells
Vent on pump tank
Chad Hanks, Ritch Rauch, Chris Johnstone
Red Stolarczyk
Vent on cell
Elevations per plumber - as-built
TDH 25.49

Plan revision required? ☐ Yes ☒ No

10 17 05

M. Furtak

8 3 9 1 8 8

Use other side for additional information

Date

POWTS Inspector's Signature

Cert No

		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707 - 7162 (608) 266-3151		County Bayfield Sanitary Permit Number (to be filled in by Co.) 467370	
		SOIL TEST 201-05		State Plan I.D. Number NA Project Address (if different than mailing address) 46835 Otter Bay Rd	
Sanitary Permit Application In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)					
I. Application Information - Please Print All Information					
Property Owner's Name Artlaura Trust % John O'Leary				Parcel # 018-1051-06-000 Lot # 6014 Lot 11 Block # 33	
Property Owner's Mailing Address 3705W Waukegan Rd				Property Location 6014 Lot 11 1/4, 1/4, Section 33	
City, State McHenry, IL		Zip Code 60050		Phone Number 815-385-8665	
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms 3 <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____					
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A. <input type="checkbox"/> New System		<input checked="" type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only	
B. <input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber	
				<input type="checkbox"/> Permit Transfer to New Owner	
				List Previous Permit Number and Date Issued Pre 1970	
IV. Type of POWTS System: (Check all that apply) <input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> At-Grade <input type="checkbox"/> Single Pass Sand Filter <input type="checkbox"/> <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> Holding Tank <input type="checkbox"/> Pear Filter <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Recirculating Sand Filter <input type="checkbox"/> <input type="checkbox"/> Recirculating Synthetic Media Filter <input type="checkbox"/> Leaching Chamber <input type="checkbox"/> Drip Line <input checked="" type="checkbox"/> Gravel-less Pipe <input type="checkbox"/> Other (explain) E-Z-FLOW					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd) 450	Design Soil Application Rate(gpdsf) 0.7	Dispersal Area Required (sf) 643	Dispersal Area Proposed (sf) 675	System Elevation A = 96.6' B = 98.3' C = 100'	
VI. Tank Info		Capacity in Gallons New Tanks Existing Tanks	Total Gallons	Number of Units	Manufacturer
Septic or Holding Tank		1000	1000	1	Rasmussen
Aerobic Treatment Unit					COMB
Dosing Chamber		600	600	1	TANK
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) A. Rasmussen & Sons		Plumber's Signature 		MP/MPS Number 220173	
Business Phone Number 715-798-3355		Plumber's Address (Street, City, State, Zip Code) P.O. Box 66 Cable, WI 54821			
VIII. County/Department Use Only					
<input checked="" type="checkbox"/> Approved 9/23/05		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial		Sanitary Permit Fee (includes Groundwater Surcharge Fee) \$250 9/26/05 RDS	
				Date Issued 9/26/05	
				Issuing Agent Signature (No Stamps) 	
IX. Conditions of Approval/Reasons for Disapproval					

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

Page 9 of 9

FILE INFORMATION

Owner ArtLaura Trust
Permit # _____

DESIGN PARAMETERS

Number of Bedrooms:	<u>3</u>	<input type="checkbox"/> NA
Number of Public Facility Units:		<input checked="" type="checkbox"/> NA
Estimated (average) Flow :	<u>300</u> (gal/day)	
Design (peak) Flow = (estimated x 1.5):	<u>450</u> (gal/day)	
In Situ Soil Application Rate:	<u>.7</u> (gal/day/ft ²)	
Standard (Domestic) Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	≤220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	≤150 mg/L	
High Strength Influent/Effluent	Monthly average	
(FOG)	>30 mg/L	
(BOD ₅)	>220 mg/L	<input checked="" type="checkbox"/> NA
(TSS)	>150 mg/L	
Pretreated Effluent	Monthly average	
(BOD ₅)	≤30 mg/L	
(TSS)	≤30 mg/L	<input checked="" type="checkbox"/> NA
Fecal Coliform (geometric mean)	≤10 ⁴	
Maximum Effluent Particle Size	½ in dia.	<input type="checkbox"/> NA
Other:		<input checked="" type="checkbox"/> NA

SYSTEM SPECIFICATIONS

Tank Manufacturer:	<u>Rasmussen</u>	<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume: <u>1000</u> (gal)	
Tank Manufacturer:	<u>Ras</u>	<input type="checkbox"/> NA
<input type="checkbox"/> Septic <input checked="" type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume: <u>600</u> (gal)	
Vertical Distance Tank Bottom(s) to Service Pit:	<u>7</u> (ft)	
Horizontal Distance Tank(s) to Service Pad:	<u>30</u> (ft)	
Provide specific servicing mechanics if vertical is >15 feet or if horizontal is >150 feet.		
Effluent Filter Manufacturer:	<u>Orenco</u>	<input type="checkbox"/> NA
Effluent Filter Model:	<u>FT0822</u>	
Pump Manufacturer:	<u>Goulds</u>	<input type="checkbox"/> NA
Pump Model:	<u>EPO-511 F</u>	
Pretreatment Unit Manufacturer:		
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Peat Filter	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Wetland	
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Other:	
Soil Absorption System		
<input checked="" type="checkbox"/> In-Ground (gravity)	<input type="checkbox"/> In-Ground (pressure)	<input type="checkbox"/> NA
<input type="checkbox"/> At-Grade <u>w/Lift</u>	<input type="checkbox"/> Mound	
<input type="checkbox"/> Drip-Line	<input type="checkbox"/> Other:	
Other:		<input checked="" type="checkbox"/> NA

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Pump out contents of tank(s)	<input checked="" type="checkbox"/> When combined sludge and scum equals one-third (⅓) of tank volume <input type="checkbox"/> When the high water alarm is activated
Inspect condition of tank(s)	At least once every: <u>3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Inspect dispersal cell(s)	At least once every: <u>3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Clean effluent filter	At least once every: <u>3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <input type="checkbox"/> NA
Inspect pump, pump controls & alarm	At least once every: <u>3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <input type="checkbox"/> NA
Flush laterals and pressure test	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	<input checked="" type="checkbox"/> NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber, Master Plumber Restricted Sewer, POWTS Inspector, POWTS Maintainer, Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (⅓) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.

All other services, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤12 months, shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 30 days of completion of any service event.

START UP AND OPERATION

Page ____ of ____

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products, solvents or other chemicals or sediment that may impede the treatment process and/or damage the soil dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a septage servicing operator prior to use.

System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During extended power outages pump tanks may fill above normal highwater levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in one large dose and may overload them resulting in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) discharge; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONMENT

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with chapter Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks, pits and other soil absorption systems shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

- ☒ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at the time of their permit issuance.
- ☐ A suitable replacement area is not available due to setback and/or soil limitations. If the soil absorption system cannot be rehabilitated and barring advances in POWTS technology, a holding tank may be installed as a last resort.
- ☐ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.
- ☐ Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

WARNING



TREATMENT TANKS AND HOLDING TANKS MAY CONTAIN POISONOUS GASSES AND LACK SUFFICIENT OXYGEN TO SUPPORT LIFE. NEVER ENTER A TREATMENT TANK OR HOLDING TANK UNDER ANY CIRCUMSTANCE. DEATH MAY RESULT. ESCAPE OR RESCUE FROM THE INTERIOR OF A TANK IS VERY DIFFICULT.

ADDITIONAL INSTRUCTIONS:

POWTS INSTALLER

Name	A. Rasmussen & Sons
Phone	715-798-3355

POWTS MAINTAINER

Name	N/A
Phone	

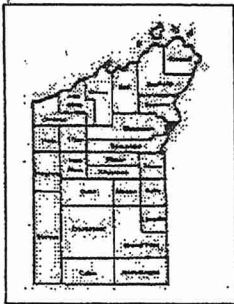
SEPTAGE SERVICING OPERATOR (PUMPER)

Name	Amundson Septic
Phone	715-794-2138

LOCAL REGULATORY AUTHORITY

Name	Bayfield Co. Zoning
Phone	715-373-6138

This document was drafted by the staffs of the Green Lake, Marquette and Waushara County POWTS regulatory agencies in compliance with chapter Comm 83.22(2)(b)(1)(d)&(f) and 83.54(1), (2) & (3), Wisconsin Administrative Code.



BAYFIELD COUNTY ZONING DEPARTMENT

Telephone: (715) 373-6138
Fax: (715) 373-0114
e-mail: zoning@bayfieldcounty.org
Web Site: www.bayfieldcounty.org/zoning

Bayfield County Courthouse
Post Office Box 58
117 East Fifth Street
Washburn, WI 54891

Property Owner

Art Laura Trust c/o John O'Leary

Address

3705W Waukegan Rd
McHenry IL 60050
City State Zip Code

As you know Rasmussen Plumbing was contracted by you to install a private onsite wastewater treatment system on your property described as:

1/4 of		1/4, Section <u>33</u> , Township <u>47</u> N., Range <u>7</u> W. Town of <u>Drommond</u>			
Govt. Lot <u>11</u>	Lot	Block	Subdivision	CSM#	
Volume <u>429</u>	Page <u>57</u>	of Deeds		Parcel I.D.# <u>018-1051-06</u>	Acreage <u>14.0</u>
Additional Legal Description:					

On 10-14-05 at 8:27 (AM / PM) the above-mentioned plumber contacted our office to conduct a pre-cover inspection as required under Comm 83. One of the following applies:

- ☒ System was inspected and appears to meet all applicable code requirements.
- ☐ System was inspected, and appears to meet all applicable code requirements; however a plan revision is necessary because the installation was substantially different than the original approval.
- ☐ System could not be inspected because plumber covered prior to scheduled time of inspection.
- ☐ System could not be inspected because plumber was not ready at scheduled time of inspection. County was unable to return to complete inspection.
- ☐ System could not be inspected because plumber was not ready at scheduled time of inspection. A re-inspection and \$40 fee is required.
- ☐ System could not be inspected because County could not respond to plumber's time constraints.

 Wisconsin Department of Commerce		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162 (608) 266-3151		County Bayfield Sanitary Permit Number (to be filled in by Co.) 467370	
		SOIL TEST 201-05			
Sanitary Permit Application In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)				State Plan I.D. Number NA	
I. Application Information - Please Print All Information				Project Address (if different than mailing address) 46825 Otter Bay Rd	
Property Owner's Name Artlaura Trust % John O'Leary				Parcel # 018-1051-06-000	
Property Owner's Mailing Address 3705W Waukegan Rd				Property Location 600+ Lot 11	
City, State McHenry, IL		Zip Code 60050	Phone Number 815-385-8665		
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms 3 <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____				Property Location 600+ Lot 11 1/4, 1/4, Section 33	
				T 44 N; R 7 (circle one) W Subdivision Name _____ CSM Number _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township of Drummond	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A. <input type="checkbox"/> New System		<input checked="" type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only	
<input type="checkbox"/> Other Modification to Existing System					
B. <input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber	
<input type="checkbox"/> Permit Transfer to New Owner		List Previous Permit Number and Date Issued Pre 1920			
IV. Type of POWTS System: (Check all that apply)					
<input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> At-Grade <input type="checkbox"/> Single Pass Sand Filter <input type="checkbox"/>					
<input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> Holding Tank <input type="checkbox"/> Peat Filter <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Recirculating Sand Filter <input type="checkbox"/>					
<input type="checkbox"/> Recirculating Synthetic Media Filter <input type="checkbox"/> Leaching Chamber <input type="checkbox"/> Drip Line <input checked="" type="checkbox"/> Gravel-less Pipe <input type="checkbox"/> Other (explain) E-Z-Flow					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd) 450	Design Soil Application Rate (gpd/sf) 6.7	Dispersal Area Required (sf) 643	Dispersal Area Proposed (sf) 675	System Elevation A = 96.6' B = 98.3' C = 100'	
VI. Tank Info		Capacity in Gallons	Total Gallons	Number of Units	Manufacturer
		New Tanks	Existing Tanks		Prefab Concrete
		Site Constructed	Steel	Fiber-Glass	Plastic
Septic or Holding Tank		1000	1000	1	Rasmussen
Aerobic Treatment Unit					COMB
Dosing Chamber		600	1000	1	TANK
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) A. Rasmussen & Sons		Plumber's Signature Andy Rasmussen		MP/MPRS Number 220173	Business Phone Number 715-798-3355
Plumber's Address (Street, City, State, Zip Code) P.O. Box 66 Cable, WI 54821					
VIII. County/Department Use Only					
<input checked="" type="checkbox"/> Approved 9/23/05		<input type="checkbox"/> Disapproved		<input type="checkbox"/> Owner Given Reason for Denial	
		Sanitary Permit Fee (includes Groundwater Surcharge Fee) \$250 9/26/05 RDS		Date Issued 9/26/05	Issuing Agent Signature (No Stamps) W. J. Testy
IX. Conditions of Approval/Reasons for Disapproval					

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size

Wisconsin Department of Commerce
Division of Safety and Buildings

SOIL EVALUATION REPORT

Page 1 of 3

In accordance with Comm 85, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

46825

Please print all information.

Personal Information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

County	Bayfield
Parcel I.D.	018 1051 06
Reviewed by	Date

Property Owner John O'Leary (ArtLaura Trust)		Property Location Govt. Lot 11 1/4 1/4 S 33 T 44 N R 7 E (or) W	
Property Owner's Mailing Address 3705 W Waukegan Rd		Lot #	Block #
City McHenry	State IL	Zip Code 60050	Phone Number (815) 385-8665
		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road Drummond Otter Bay Rd

☐ New Construction Use: ☒ Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD

☒ Replacement ☐ Public or commercial - Describe: Glacial Till Flood Plain elevation if applicable lake = 84.0 ft.

General comments and recommendations: conventional w/ lift station system elevations - cell a cell b cell c
recommended design loading
rate = .7 gpd/sq ft
primary = 96.6' 98.3' 100.0'
replacement = 95.6' 97.3' 99.0'

1 Boring # <input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit		Ground surface elev. <u>102.3</u> ft.		Depth to limiting factor <u>> 120</u> in.						Soil Application Rate	
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots		GPD/ft²	
										*Eff#1	*Eff#2
1	0-6	10YR 3/1	none	SL	2fsh	duh	CS	2f-co		.6	1.0
2	6-43	10YR 4/4	none	SL	1msbk	dfr	gs	lf-co		.4	.7
3	43-65	5YR 4/6	none	sv Lfs	OM	-	CS	lf-co		.4	.6
4	65-120	5YR 4/4	none	sv LS	OSG	dl	-	-		.7	1.6

2 Boring # <input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit		Ground surface elev. <u>103.3</u> ft.		Depth to limiting factor <u>> 130</u> in.						Soil Application Rate	
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots		GPD/ft²	
										*Eff#1	*Eff#2
1	0-6	10YR 3/1	none	SL	2fsh	duh	CS	3f-co		.6	1.0
2	6-42	10YR 4/4	none	SL	1msbk	dfr	CS	2f-co		.4	.7
3	42-60	7.5YR 4/3	none	sv Lfs	OM	-	CS	lf		.5	1.0
4	60-130	7.5YR 4/4	none	sv LS	OSG	dl	-	-		.7	1.6

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	JOE ZIRN	Signature	Joseph Zirn	CST Number	223989
Address	28280 E Altamont Rd. Mason, WI 54856	Date Evaluation Conducted	8-31-05	Telephone Number	715-765-4608

SRD-8330 (R07/00)

619

Property Owner

O'Leary

Parcel ID #

018 1051 06

Page

2 of 3

3

Boring #

☐ Boring

☒ Pit

Ground surface elev.

105.3 ft.

Depth to limiting factor

>120 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft²	
									*Eff#1	*Eff#2
1	0-6	10YR3/1	none	SL	2fk	duf	CS	2f-co	.6	1.0
2	6-32	10YR4/4	none	SL	1msbk	df	CS	lf-co	.4	.7
3	32-48	5YR4/6	none	gr Lfs cb	OM	—	CS	lf	.5	1.0
4	48-120	5YR4/4	none	gr LS cb	OSG	df	—	—	.7	1.6

Boring #

☐ Boring

☐ Pit

Ground surface elev.

ft.

Depth to limiting factor

in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft²	
									*Eff#1	*Eff#2

Boring #

☐ Boring

☐ Pit

Ground surface elev.

ft.

Depth to limiting factor

in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft²	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

Town of Drummond

Page 3 of 3

Parcel in Gout Lot #11-33-T44N-R7W

- Map Scale - 1"=40'

- BMA - nail approx. 20' above ground level on ribboned poplar = 100'

- Elevations

B1 = 102.3'

B2 = 103.3'

B3 = 105.3'

Sewer Outlet = approx. 92.0'

Lake = 84.0'

- System Elevations

	cell a	cell b	cell c
primary =	96.6'	98.3'	100.0'
replacement =	95.6'	97.3'	99.0'

- 3 bedroom replacement = 450 gpd

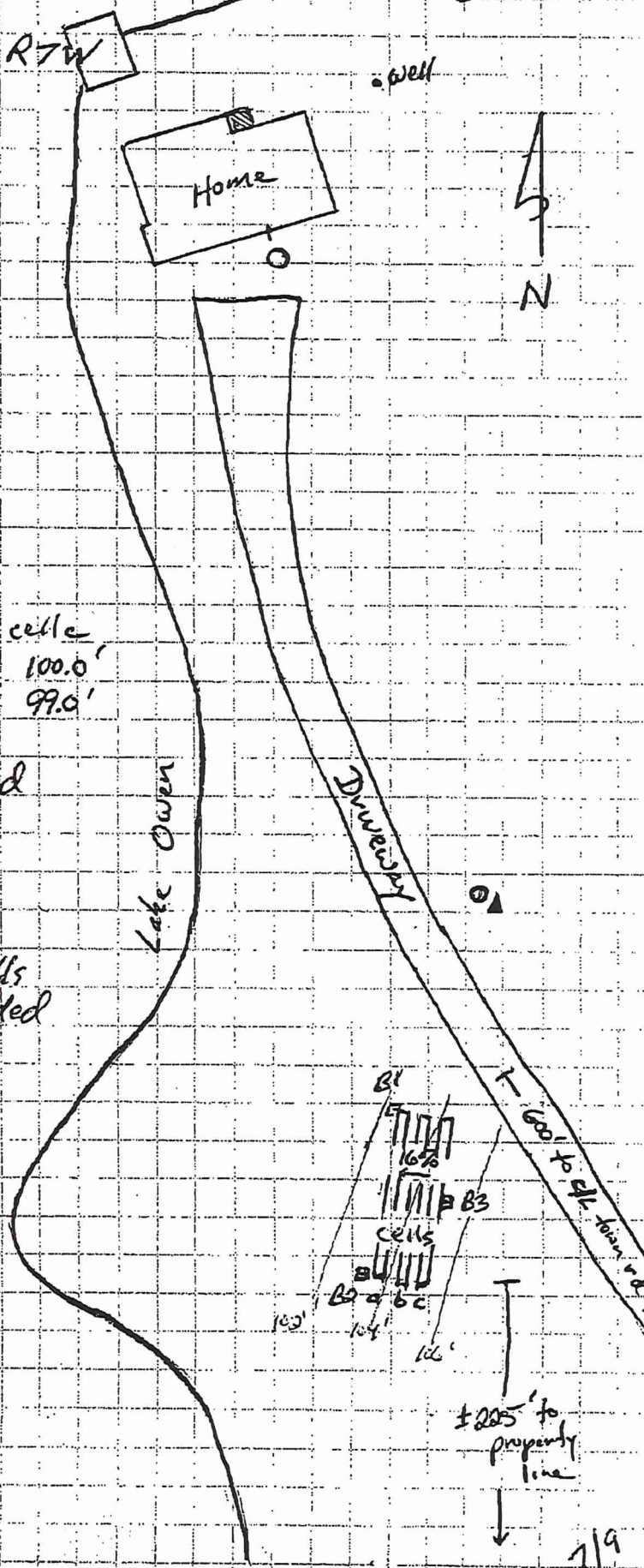
- Recommended design loading rate = .7 gpd/sq ft

- Three 3'x44' distribution cells w/ infiltrators recommended

- Contingency Plan - if or when primary cells ever fail, replacement cells one foot below primary site recommended

Joseph Zirn ID# 223989

Joseph Zirn 8-31-05



Soil Profile Sheet

Owner: Art Laura Trust

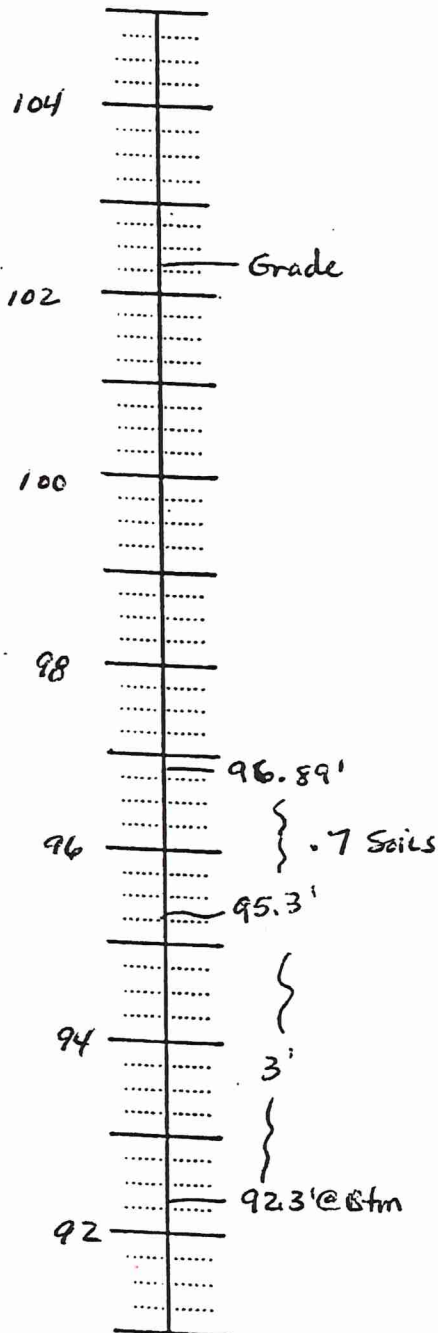
Soil Tester: Joe Zinn

System Elevation: $a = 96.6'$
 $b = 98.3'$
 $c = 100'$

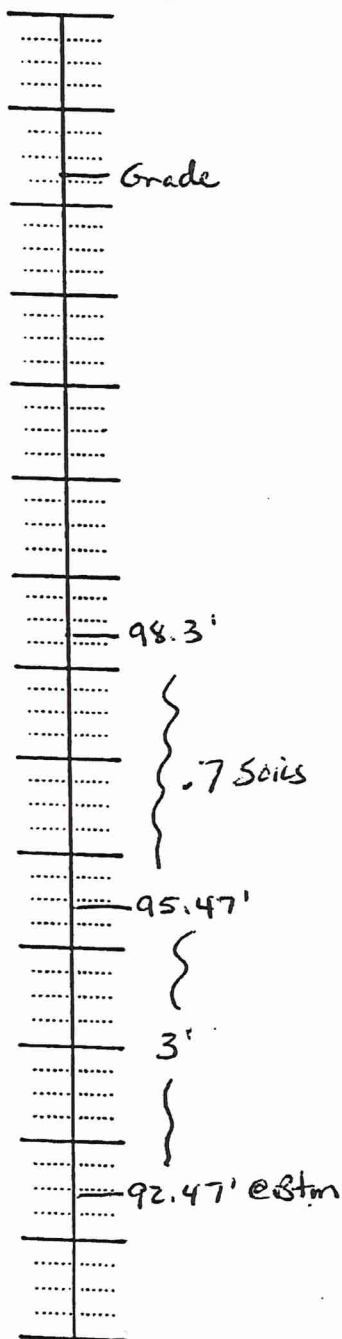
Load Rate: .7

System Range: $a = 95.3' - 96.89'$
 $b = 95.47' - 98.3'$
 $c = 98.3 - 101.3$

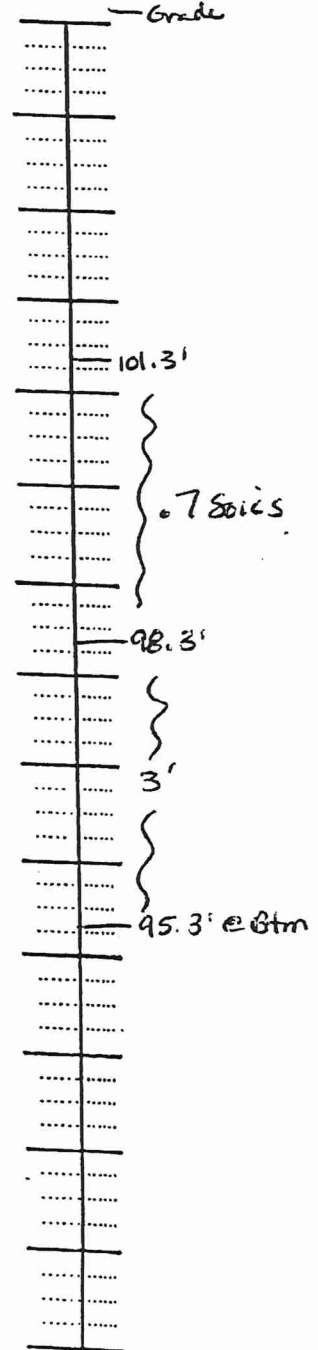
B1 = 102.3' (10')



B2 = 103.3' (10.83')



B3 = 105.3' (10')



INDEX SHEET FOR POWTS

PROJECT NAME Artlaura Trust NO. 47978

OWNER John O'Leary

ADDRESS: 3705 W Waukegan Rd
McHenry, IL
60050

PHONE: 815-385-8665

PROJECT ADDRESS: 46825 Otter Bay Rd.
Cable, WI

LEGAL DESCRIPTION: Gov't Lot 11, S33, T44N, R7W
Town of Drummond
Bayfield Co., WI

PARCEL NUMBER: 018-1051-06-000

1. INDEX SHEET
2. PLOT PLAN
3. CELL LAYOUT & CROSS-SECTION
4. PUMP CHAMBER CROSS SECTION
5. PUMP CURVE
6. SOIL EVALUATION
7. SOIL TESTER PLOT PLAN
8. SYSTEM ELEV. VERIFICATION FORM
9. SEPTIC SYSTEM MANAGEMENT PLAN

PLUMBER'S SIGNATURE Andy Kasuske MP # 220173

DATE: 9/22/05

Artlaura Trust # 47978
 % John O'Leary
 3705 W Waukegan Rd.
 McHenry, IL 60050
 (815) 395-8665

46825 Otter Bay Rd.
 Gov't Lot 11, S33, T44N, R7W
 Town of Drummond
 Bayfield Co., WI
 Parcel # 018-1051-06-000

▲ Bm = 100' @ Nail in ribboned
 Poplar Tree (± 2' A.G.L.)

Elevations:

B1 = 102.3'
 B2 = 103.3'
 B3 = 105.3'

System(s):

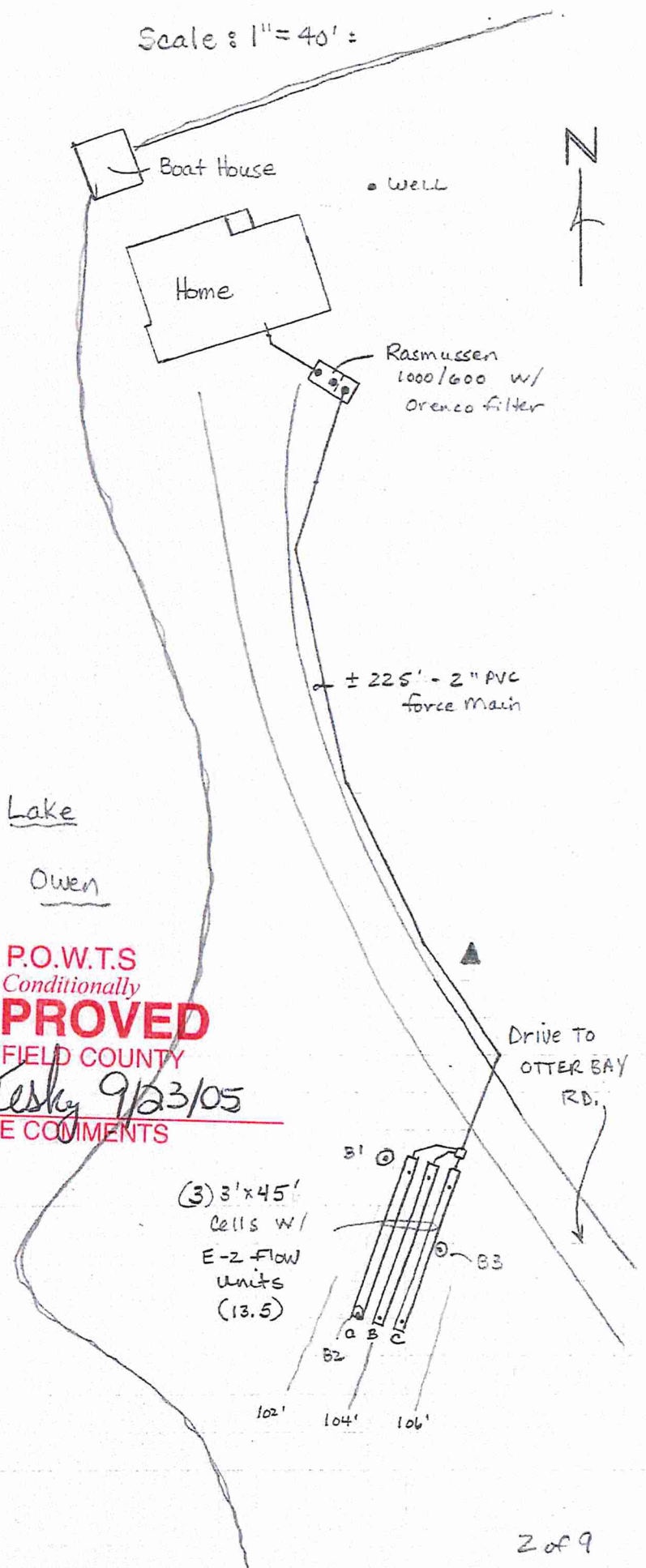
A = 96.6' ALT = 95.6'
 B = 98.3' ALT = 97.3'
 C = 100' ALT = 99.0'

Pump @ off = 87' ±

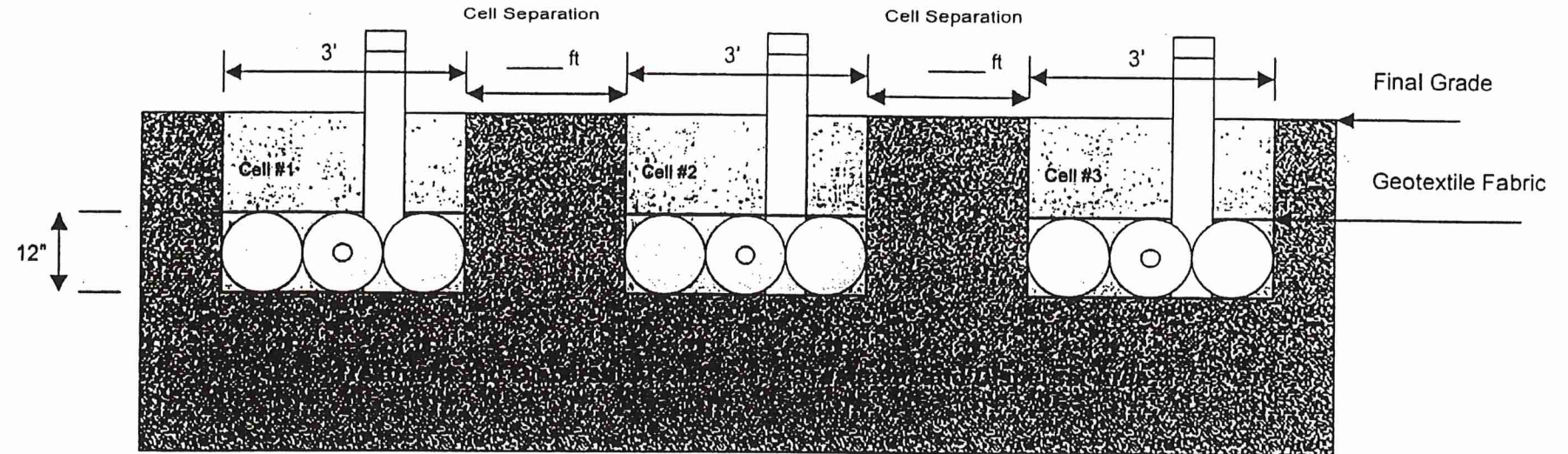
Lake = 84'

Andy Rasmussen
 MP#220173
 9/21/05

Scale: 1" = 40'



Cross Section of a three cell EZ Flow In-Ground Dispersal Component



Design Flow 450 / Loading Rate .7 = Required dispersal area 643

Required dispersal area 650 / 50 (EISA) = 13 (number of units)

Geotextile fabric to meet Comm 84.30(6)(g)
Minimum of 12" of cover over top of cell
Two Observation/vent pipes to be provided per cell

Not to scale

(3) 45.5' cells
w/ 4.5 units =

675 ft²

Cell #1(a)
System Elevation: 96.6'

Final Grade: 103'

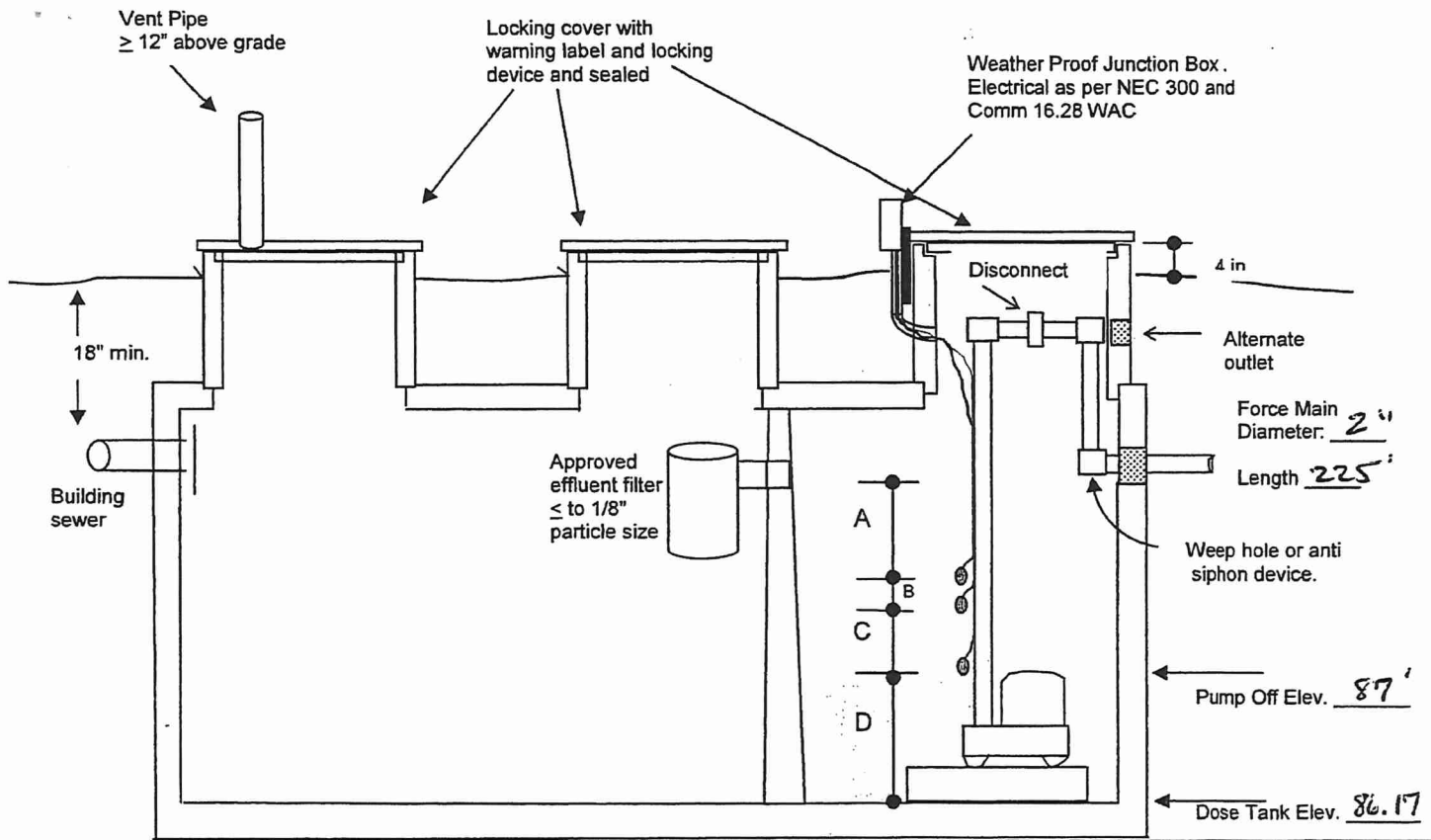
Cell #2(b)
System Elevation: 98.3'

Final Grade: 104'

Cell #3(c)
System Elevation: 100'

Final Grade: 105'

SEPTIC TANK AND PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS



Bed Tank
Anchor tank as necessary to negate buoyant forces.

Note: All pipe and vent materials comply with Comm 84.

Tank Manufacturer: Rasmussen

Doses Per Day: 5

Tank Sizes: Septic 1000 Gallons

GPD/ # of Doses: 90 gallons

Pump 600 Gallons

Backflow: 36.67 gallons

Gallons Per Inch: 14.42

Total Dose Volume: 126.67 gallons

Liquid Level: 42

Required GPM: 30

Pump Manufacturer: Goulds

Pump Model: EPD-511 F

Alarm Manufacturer: SPI

Alarm Model: 15 PC

Dimensions	Inches	Gallons
A	21	302.82
B	2	28.84
C	9	129.78
D	10	144.2
Total	42	607

Vertical Difference between pump off and distribution pipe = 14

Minimum Required Supply Pressure (0 for dosed conventional) = -0-

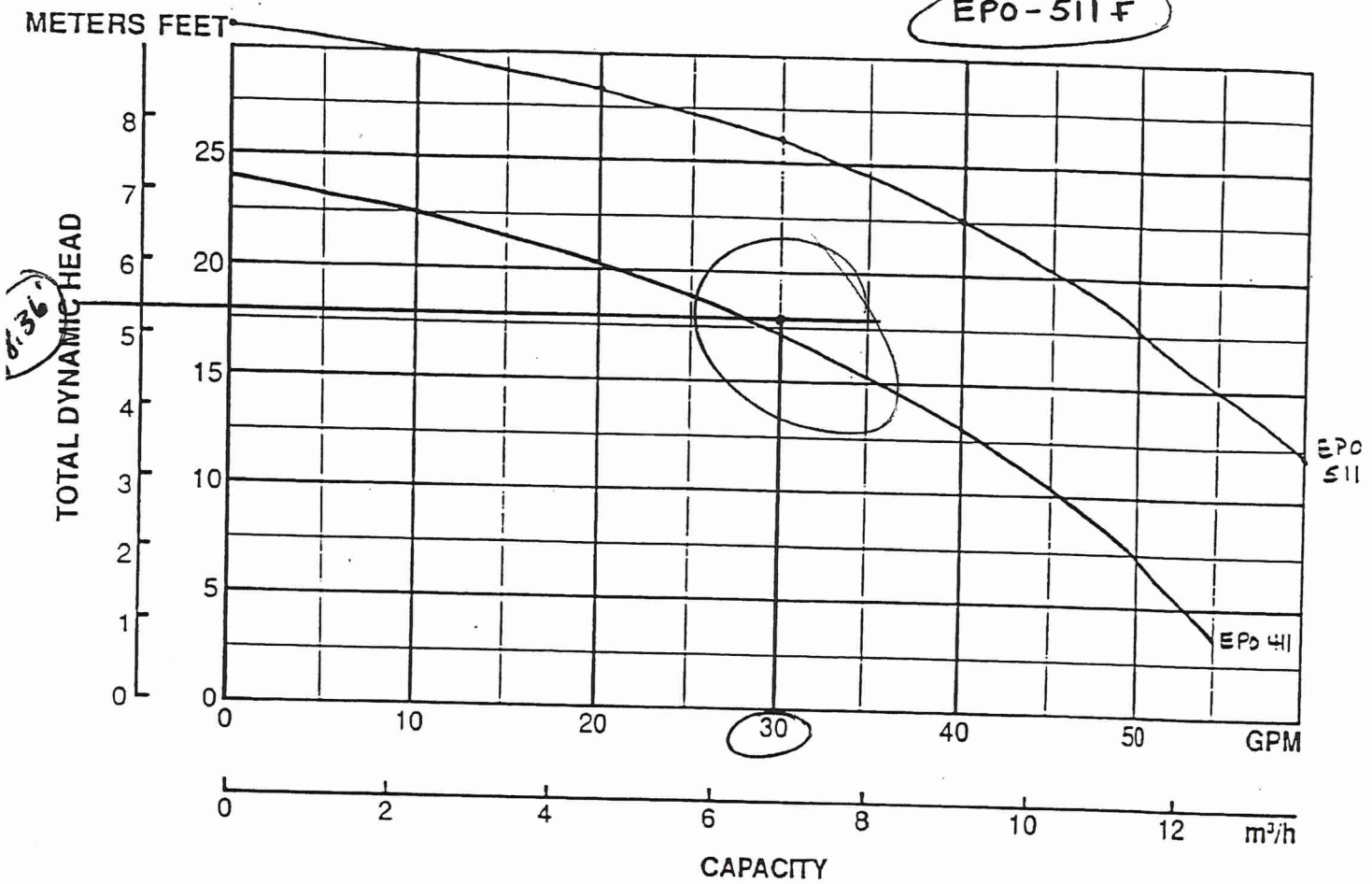
225 Feet of force main x 1.94 friction factor / 100 = 4.36

Total Dynamic Head = 18.36

4049

Submersible Effluent Pump

MODEL: 3871
SIZE: 3/4" SOLIDS
RPM: 1550
HP: 0.4
EPo-411 F
EPo-511 F



 GOULDS PUMPS, INC.
Schenectady, New York 12348

ELEVATIONS

Complete this form

Send or Fax (715) 373-0114 to Zoning Dept if no inspector showed for sanitary installation

Property Owner Art Laura Trust

Sanitary Permit # 467370

Benchmark 100' @ Nail in Poplar Tree

Septic Tank #1
Holding Tank

Inlet 84.46'

Outlet 84.28'

Septic Tank #2
Holding Tank

Inlet —

Outlet —

Building Sewer 85.06'

System Elevation A = 96.6'
B = 98.3'
C = 100.0'

Header A = 97.6'
B = 99.0'
C = 101.0'

Finish Grade 102.3' - 105.3'

Pump Tank

Inlet 84.28'

Top of Block 80.96'

ATTACH A COPY OF THE AS-BUILT DRAWING, SHOWING THE EXACT WAY THE SYSTEM WAS INSTALLED.

Comments


System installed 10/18/05

Request for Sanitary Inspection

(Fax this form to Zoning Dept when you want an inspection – 373-0114)

Note: From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other _____
----------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

**** Plumber must verify any change(s) by fax or no inspection will be scheduled ****

Plumber:	Rasmussen	Phone Number 798-3355	
		Fax Number 798-3470	
Home Owner:	O'Leary (Artlaura Trust)		
Sanitary Permit #:	467370		
Date:	Plumber's Choice 10/17/05	Zoning Dept	No inspection during these times 11:30 am – 2:30 pm Tues (Doug) after 2:30 pm Thurs (Doug) 8:30 am – 12:30 pm Tues (Mike) 8:30 am – 12:30 pm Thurs (Mike)
	Time:	Plumber's Choice 11:00	Zoning Dept 
Township:	Drummond		
Address # & Road Name: or Directions To Site:	46825 Otter Bay Rd.		
Comments:			
Reminder: You must confirm any change(s) that have been made prior to _____ or <u>this inspection will not be scheduled</u> and a memo will be sent voiding the inspection. <div style="text-align: right;">Thank You!</div>			

Bayfield COUNTY

NO 467370

STATE SANITARY PERMIT

☐

TRANSFER/RENEWAL

PREVIOUS NO. _____

OWNER Artlaura Trust c/o John O'harry

PLUMBER A. Rasmussen LIC.# 220173

TOWN OF Drummond

SEC 33, T 44 N, R 7 ~~W~~

AND/OR LOT G. lot 11 BLOCK _____

SUBDIVISION _____

Ce Ce Jesky/mf AUTHORIZED ISSUING OFFICER — DATE 09/26/05

THIS PERMIT EXPIRES 09/26/07 UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

CHAPTER 145.135 (2) WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of approval.
- (c) The sanitary permit is valid and may be renewed for a specified period.
- (d) Changed regulations will not impair the validity of a sanitary permit.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- (f) The sanitary permit is transferable.

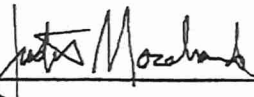
History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

Zoning Consulting/Real Estate Services LLC Disclosure

1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.
9. Any changes to the project after the application(s) have been submitted that requires amending the application is subject to a minimum \$100 change fee.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature 


Print Name:

Date August 10, 2022

Signature _____

Date _____

Print Name:

 Description		Updated: 7/1/2015		 Ownership		Updated: 7/1/2015	
Tax ID:		14218		EAGLE KNOB LODGE INC		DENVER CO	
PIN:		04-018-2-44-07-33-1 05-011-10000		Billing Address:		Mailing Address:	
Legacy PIN:		018105106000		EAGLE KNOB LODGE INC		EAGLE KNOB LODGE INC	
Map ID:				261 FILLMORE ST		261 FILLMORE ST	
Municipality:		(018) TOWN OF DRUMMOND		DENVER CO 85018-2151		DENVER CO 85018-2151	
STR:		S33 T44N R07W		 Site Address		* indicates Private Road	
Description:		GOVT LOT 11 IN V.1144 P.852		46825 OTTER BAY RD		CABLE 54821	
Recorded Acres:		14.000		46975 OTTER BAY RD		CABLE 54821	
Calculated Acres:		14.258		 Property Assessment		Updated: 8/9/2021	
Lottery Claims:		0		2022 Assessment Detail			
First Dollar:		Yes		Code		Acres	
Zoning:		(R-RB) Residential-Recreational Business		G1-RESIDENTIAL		Land	
ESN:		112		G6-PRODUCTIVE FOREST		Imp.	
 Tax Districts		Updated: 3/15/2006		2-Year Comparison			
1		STATE		Land:		2021	
04		COUNTY		Improved:		2022	
018		TOWN OF DRUMMOND		Total:		Change	
041491		SCHL-DRUMMOND		740,400		740,400	
001700		TECHNICAL COLLEGE		118,000		118,000	
 Recorded Documents		Updated: 3/15/2006		 Property History			
 TRUSTEES DEED				N/A			
Date Recorded: 6/29/2015		2015R-559341 1144-852					
 TERMINATION OF DECEDENT'S INTEREST							
Date Recorded: 6/24/2015		2015R-559278 1144-560					
 TERMINATION OF DECEDENT'S INTEREST							
Date Recorded: 6/24/2015		2015R-559277 1144-557					
 CONVERSION							
Date Recorded:		429-57					

Town, City, Village, State or Federal
Permits May Also Be Required
SHORELAND / FLOODPLAIN
IMPERVIOUS SURFACE CALCULATIONS
LAND USE – **X**
SANITARY – **467370 (Reconnect)**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. Tax ID: **14218** Issued To: **Eagle Knob Lodge Inc**

Location: ¼ of ¼ Section **33** Township **44** N. Range **7** W. Town of **Drummond**

Gov't Lot **11** Lot Block Subdivision CSM#

In Doc 2015R-559341

Residential Structure in R-RB zoning district
For: [2-Story], [Rebuild] Residence with a crawl space (28' x 44'); consisting of Level 2 (645 sq. ft.); Total of (1,816 sq. ft.); Rear Entry (4' x 8'); Lakeside Covered Entry (6' x 6'); and Observation Turret (5' x 12') at a Height of 34' ½"

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction limited to exiting footprint and dimensions above. Meet and maintain setbacks including eaves & overhangs. For personal residence only. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction. Town/State/DNR permits may be required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

December 13, 2022

Date